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This study investigates the use of specialized staff in less than a professional capacity to support the work of the rehabilitation counselor and the on-going relationship with a client. It specifically concerned the implications of using rehabilitation aides, definitions of the roles and functions of rehabilitation aides, qualification requirements and selection procedures, development of a training program, and examination of implication that the role of rehabilitation aide may have for future development in quality of the service program and for career patterns. Data were collected by questionnaire from 58 state agencies of vocational rehabilitation. Findings of the study indicate a number of advantages in the use of rehabilitation aides. For the client, the counselor who is relieved of routine activities can devote more time to problem solving. For the counselor, the opportunity to practice his unique skills will raise the level of professional functioning and increase efficiency. For the agency, the use of rehabilitation aides will allow them to serve clients in greater numbers and with greater ranges of problems. For the community, use of indigenous workers in greater numbers may increase agency-community understanding and rapport. (CH)

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USE OF SUPPORT PERSONNEL — VOCATIONAL REHABILITATION

USE OF SUPPORT PERSONNEL IN VOCATIONAL REHABILITATION

SIXTH INSTITUTE ON REHABILITATION SERVICES

a training guide

U.S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
Social and Rehabilitation Service
Rehabilitation Services Administration

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U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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USE OF SUPPORT PERSONNEL
in
VOCATIONAL REHABILITATION, A Training Guide.

REPORT OF

THE COMMITTEE ON EFFECTIVE UTILIZATION OF THE REHABILITATION COUNSELOR AND SUPPORTING STAFF.

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The materials in this publication do not necessarily represent the official views of the Rehabilitation Services Administration nor of the State vocational rehabilitation agencies. They do, however, reflect serious effort by able persons to keep practices in the State-Federal program of rehabilitation current with developments in the field.

FOREWORD

For several years it has become increasingly evident that the field of vocational rehabilitation must give serious consideration to devising new patterns of personnel utilization. It is imperative that we achieve more effective delivery of more complex services to larger numbers of seriously disadvantaged persons. These demands have critically overtaxed the capacity of traditional staffing practices.

One possibility available to rehabilitation that has been used successfully in other professional fields is the establishment of new employee positions with selected duties that require knowledge at levels less than full professional preparation. The concept of an "aide" to the professional worker is well established in some professions. Several public service programs have undertaken bold new innovations of this kind in recent years. The 1968 Amendments to the Vocational Rehabilitation Act authorize grants to support the use of "new careers" positions in rehabilitation agencies.

Administrators and staff members at all levels in rehabilitation must give thoughtful consideration to this development. A Study Group of the Institute on Rehabilitation Services has made a thorough review of the information available and undertaken to apply it to vocational rehabilitation. Certainly there is much that remains to be learned in the course of developing this practice but the materials presented here will identify many of the issues and afford guidelines for implementing this progressive movement in rehabilitation.

Joseph Hunt

Joseph Hunt
Commissioner

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CHAPTER I

SCOPE OF THIS STUDY

As the scope of the vocational rehabilitation program has expanded and the complexity of the service process increased, rehabilitation agencies have often found it appropriate to modify their structure and procedure for provision of services. Adaptation of the manpower resources that may be applied to more effective services to clients is not a new concept in rehabilitation. When physical restoration was included in the rehabilitation process, medical consultation was initiated and expanded as this phase of the program grew. When mental illness and mental retardation were included in the concept of disablement, increased attention was given to the preparation of the professional staff to engage in psychological relationships.

The 1965 Amendments to the Rehabilitation Act have resulted in an almost unbelievable expansion of the program. Current socio-political movements are demanding intensification of attention to a wide variety of subcultural groups. By both legislation and administrative planning, interagency relations are being realigned and new foci of activity devised that involve the rehabilitation program. National policy makers for vocational rehabilitation have established a goal of providing all needed rehabilitation services to handicapped persons by 1975.

It seems entirely reasonable that intense concern about effective delivery of services to a wider variety of clients would be a characteristic of the current scene and that this concern would include further adaptation of our manpower resources. Frequently mentioned in this connection are means for increasing the supply of qualified rehabilitation counselors; counselor specialization, both programmatically and functionally; development of service "teams"; and the employment of subprofessional support personnel.

Origin of This Study

The current interest in these and in other possible improvements in staffing patterns for improved and expanded services was reflected in the proposals for study topics that were submitted to the Planning Committee for the 1968 Institute on Rehabilitation Services. Three of the nine Regions specifically requested study of the use of personnel that might be called rehabilitation aides. A representative wording of these suggested topics is:

> "A study of counselor activities to determine which can be effectively done by persons with lesser qualifications and which should be done only by counselors with full professional training."

Two other Regions submitted proposals for study of staffing patterns on a broader scale. Intensified programs for recruitment, counselor specialization, and simplification of counselor work procedures were typical of the additional considerations included in these broader proposals.

Frequency tabulations of the suggestions for 1968 Study Topics revealed that a study in the area of manpower utilization ranked second among the study needs of the field.

The Charge to This Study Committee

This degree of concern about this area was considered by the Planning Committee to be a mandate to establish a study on Effective Utilization of the Rehabilitation Counselor and Supporting Staff. The purpose of the study was identified as the development of "guidelines that will assist State agencies devise more effective utilization of the manpower available to them." (See Appendix V for full statement of the Planning Committee charges to Study Group III.) The character of the study topic recommendations from the field led the Planning Committee to define supporting staff very broadly, including other professional personnel such as psychologist and social workers. Included also were instructors, evaluators, clerical workers and other technical level persons engaged in highly specialized aspects of the rehabilitation process.

The specific charges to the Study Committee called for identification, from both practice and literature, of possible manpower utilization patterns. These possible patterns were to be analyzed and evaluated as a basis for making recommendations that might improve delivery of services to handicapped persons.

The Study Group's Interpretation of the Charges

In order that they might devise an effective approach to the study, the members of the Group made their first item of business a study of the charges and the background information from which they were developed. (Three members of the Study Group were also members of the Planning Committee that prepared the charges.) It was determined that the scope of the study suggested by the charges was greater than the time and resources available. The Group felt obligated to restrict their attention to a specific aspect of the study or to make an interim report at the end of the year with the hope that future Planning Committees would continue the study.

Several considerations led the Group to choose to limit their study to that aspect of the charges relating to the use of persons in the capacity of aides to the rehabilitation counselor in the provision of services to clients. It seemed to the Group that the role of interviewers, clerical workers, instructors, evaluators, and the like was fairly well established, although it was agreed that there may be justification for re-examination of practice in these areas. Likewise, the use of the consultative and other services of related professions seemed to be well established. The Group decided that the use of specialized staff in less than a professional capacity to support the work of the counselor in the ongoing relationships with the client was the most innovative and controversial consideration proposed by the charges. It was further agreed that an in-depth study of this area might be the greatest contribution that the Group could make within the limits of the time and resources available to them.

The material in the following chapters is not intended to persuade rehabilitation agencies to adopt or reject this staffing pattern. The Study Group undertook to explore as many facets of the subject as the resources available to them would permit, and to report as objectively as possible the considerations and issues that seem pertinent to the use of rehabilitation aides.

Definition of Terms for Purposes of This Study

The Group realized that any precise definition of terms and roles would involve them in very arbitrary decisions, at least initially. The present state of knowledge and experience in this area in rehabilitation is quite limited and, consequently, many issues are controversial. The Group determined that they were obliged to establish certain definitions as a point from which the study could be initiated and proceed with as much common understanding as possible. It was acknowledged that the concepts that these definitions represented might be revised as the study progressed.

The term, support personnel, has been used frequently to refer to staff members who may be engaged at less than a professional counseling level in direct contact with clients and community agents in the provision of services to handicapped persons. The Planning Committee used the term "supporting staff" and included a wide variety of roles that might be involved in some aspect of the rehabilitation process. For purposes of this study, the Group limited their consideration of "supporting staff" to the technical level positions that seemed to be implicit in the earlier term "support personnel".

The definition of supporting staff developed by the Study Group for purposes of initiating this study is:

> "Supporting staff is that staff under the direct supervision of the Rehabilitation Counselor, and whose relationship to the client is a continuing one involving the provision of rehabilitation services which are essential to the rehabilitation process."
>
> "The concept of support personnel does not refer to reciprocating lateral relationships between the rehabilitation counselor and collaborating occupations such as social workers, psychologist, physicians, etc."

It was not intended that traditional clerical staff, professional consultation and the like be included.

As the study progressed, it appeared that the title Rehabilitation Aide was more descriptive of the role and function of the position than others in common use. By common consent of the members of the Group, it was adopted as the functional title of the staff positions referred to in this report. Very early in the study it became apparent that there were a variety of sub-roles within the basic role selected for study. These are discussed in Chapter V.

Issues Considered in the Study

The Study Group was determined to produce material that would provide helpful guidance to rehabilitation agencies as they undertook to increase the effectiveness of the manpower available to them. Through review of the knowledge and experience of the members of the Group; by study of the literature on the subject; by face to face contact with Aides, Counselors and Supervisors; and by study of State agency responses to inquiry; effort was made to identify the issues that seemed most related to successful utilization of this staffing pattern.

The Study Group determined that they must devote significant attention to:

a. The implications of the utilization of rehabilitation aides, including considerations that appear to justify use of this staffing pattern as well as some of the problems that might be encountered.

b. Definition of the roles and functions of the rehabilitation aide and the impact that this new identity might have on the roles and functions already established in management of the rehabilitation process.

c. Qualification requirements and selection procedures for this new role.

d. The development of a training program appropriate to the support of this new position and the adaptation of older roles to the use of the new resource.

e. Examination of some of the implications that institution of the role of rehabilitation aide may have for future developments in quality of the service program and on career patterns.

It is acknowledged that the positions taken and the recommendations made in the following chapters may be incomplete and will surely be controversial. It is hoped that they will not be inadequate. They are offered with the intention of making better services available not only to a larger clientele, but also a greater number of more severely limited persons.

CHAPTER II

HISTORICAL PERSPECTIVE

Introductory Comments

Meeting the demand for capable and sufficient manpower for health, education and welfare services is a major problem in virtually every community across the country. It is a concern that has become increasingly important during the past few years and currently holds the serious attention of program administrators, educators, agency personnel and policymakers in legislation.

Mase (1964) reports that the population of the United States in 1945 was 140 million; today, 190 million; in 2010 it will be 400 million - an increase of 285% in 65 years. The composition of our population is changing. In 1940, the ratio of those between the ages of 20 and 65 to those under 20 and above 65 was 100 to 75. In 1960, the ratio was 100 to 85 and by 1980 it will be 100 to 100 or higher. This demands that we look at our health programs and the professional manpower which will be available to provide the needed services to an ever increasing and complex population. One-half or more of our population by 1980 will be below 20 and above 65. We must remember that the young and the old are the biggest consumers of our rehabilitation and health services. Persons over 65 use health services at about four times the rate of the adult population.

Legislation creating or expanding programs has been enacted in every session of congress in the past few years as well as in most State legislatures. Recent legislation creating greatly increased demand for personnel to provide relevant services includes the Manpower Development and Training Act, Amendments to the National Defense Education Act, Amendments to the Vocational Rehabilitation Act, the Elementary and Secondary Education Act and the so-called "Cold War G.I. Bill". These necessitate new approaches to the provision of services in order to make more efficient and effective the use of personnel now providing the services.

This has resulted in the development of a new group of personnel positions which are variously referred to as auxiliary, ancillary, technical, non-professional, para-professional, subprofessional or support personnel. The concept of such positions is not entirely new. It has been accepted and effectively developed by a few professional groups. However, the systematic programming of support personnel roles is new in connection with the provision of services in most areas of education, welfare and rehabilitation (APGA, 1967).

It is becoming more apparent that the shortage of professional personnel would not be so acute if certain duties now performed by

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professionals were assigned to subprofessional aides. Mase, in his article entitled "Manpower Utilization for the Future", (1964) stated that no business or industry could succeed with the management procedures and poor use of manpower used in health, education and welfare programs supported by tax and voluntary dollars without cost-plus government. "The profit motive makes this essential in industry. The health, education and welfare of our citizenry makes this essential in rehabilitation and health programs."

Mase further indicates that we could begin to alleviate the serious shortage of manpower if we would permit the rehabilitation counselors, physical therapists, occupational therapists, clinical psychologists, educators and physicians to do what they are uniquely trained and qualified to do and train assistants and aides to do many things that the professional people are now doing. What has often happened has been the watering down of professionals to all kinds of things which could easily be done by nonprofessionals.

Aside from the fact of the manpower shortage which nonprofessionals could help fill (Reissman, 1965), there is the second possibility that professionals could be freed to perform many more creative professional tasks; whether in program planning, direct service or providing the more efficient use of advanced technology.

Mase feels that this is not an easy assignment. It is a difficult task. Professional people have been trained to do specific things and, unfortunately, hold jealously to the prerogative to perform their tasks without delegating them wholly or in part to a "less professional" person. Physicians have done much better than educators and others in the use of technicians and assistants. Dental Technicians, Nurse's Aides, Laboratory Technicians, X-ray Technicians and Physical Therapists are working examples of the Strata of Medical Services having been reorganized to include subprofessional levels.

It is interesting to note that some disciplines having originated as "subprofessional" have not only been accepted by many as professional but are now seriously exploring the use of support personnel in their own fields. In a recent summary of the "The Proceedings of a Conference Designed to Study the Utilization of Support Personnel in Rehabilitation Facilities Throughout the Nation" (Arkansas Conference, 1966), primary emphasis was given to official policies of several national professional organizations whose members are involved in providing services within these facilities. Among those represented were: The American Occupational Therapy Association, The American Physical Therapy Association, and The American Speech and Hearing Association.

An Overview of Disciplines

PSYCHOLOGY AND MENTAL HEALTH

During the past few years increasing consideration has been given to the concept of support personnel in the field of psychology and mental health. From this field has come a variety of practical and theoretical approaches supporting the use of subprofessionals.

Whitehorn and Betz (1957) suggest that the therapeutically effective person is one who does not play the role of aloofness, distance and objectivity that characterize nonprofessionals. Rather, the effective therapist is more likely to be a warm, spontaneous, frank person who shares openly his feelings and himself in relating to his patients. The disorganized patient needs to relate to a "real" person who provides direct feedback through his spontaneous and open reactions to a patient. The therapeutic personality, then, becomes one who not only communicates openly and genuinely but who does so on both the verbal and gestural level.

According to Robert Ellsworth (1964), a Psychiatric Aide potentially represents a person unencumbered by theory and professional status. As such, he may be readily available to a patient as a real person. Ellsworth studied the relationship between the Psychiatric Aide and the mental patients in the Veterans Administration Hospital, Fort Mead, South Dakota. The only formal direction to the aides was "be yourself... do or say what you feel like doing," informally. The aide was rewarded, however, for significantly increasing his contact with patients and for participating more actively in the decision making of his patients. Ellsworth reports significant differences in experimental and non-experimental patients at the .05 level. Although he pinpoints some difficulties in this particular study, he does indicate that utilization of the aide provides a significant step ahead in the rehabilitation of the mental patient.

In another study by Margaret Rioch (Pines, 1964), significant results were obtained with psychiatric patients through the training and utilization of housewives serving as Psychiatric Aides. Rioch's theory was that effective Psychotherapists to help troubled people who are not severly "sick" could be produced with much less costly and lengthy training than was generally assumed. She felt that educated, mature, married women who had been through the child rearing mill themselves would be ideally suited for short cut preparations. Concluding her experiment, Rioch and outside professional observers agree that capable housewives are available. Properly selected, they are teachable, enthusiastic and have demonstrated significant usefulness in assisting the psychiatric patient.

Reissman (1965) is demonstrating the effectiveness of using nonprofessional Mental Health Aides in Community Mental Health Centers. His approach involves the selection and training of from five to ten residents of a neighborhood who do not have more than a high school education, typically have less, and in many cases have been poor and on welfare themselves, or at least have been working in service and manual positions.

The program is not directed toward dealing only with individual problems but is concerned with changing community life. The aide provides many simple direct services to persons in the community. He is trained to listen, to encourage expression and to make each citizen feel accepted. The aide becomes familiar with other agencies in order to assist persons in referral process. He may help a person find an apartment, help him move and even be his babysitter if the need arises. Reissman likens the situations to treatment of a cold. The cold is treated but not the entire respiratory system. The emphasis is in dealing with the specific problems involved. Long-range "treatment" is indirect - based on changing community life, cohesion and pride.

Much of the rationale for using support personnel in the helping relationship is based upon the assumption that many personal relationships are therapeutic and that the therapeutic effect is not necessarily dependent upon the length of specific training.

In a paper specifically devoted to the therapeutic relationship, Louis and Lucile Cantoni contend that all human encounters are potentially therapeutic (Cantoni & Cantoni, 1965). The authors feel that the importance of sensitivity, of friendly receptiveness, in daily encounters should not be overlooked or denied. The availability and usefulness of particularly "sensitive" people is emphasized in their article. Although the authors strongly support this thesis, they just as emphatically indicate that the friend as a counselor does not replace the professional. Pre-conscious and unconscious material still belongs in the domain of the professionally trained. They further emphasize the importance that lay persons realize that referral to a professional is in order when their attempt to help a troubled friend meets with consistent failure.

Rogers (1958), defines the helping relationship as one in which one of the participants intends that there should come about, in one or both parties, more appreciation of, more expression of, more functional use of the latent inner resources of the individuals. Rogers states that this relationship will include many of these between mother and child, father and child, physician and patient, teacher and pupil and a great many interpersonal relationships.

In this article, Rogers quotes what he believes to be rather conclusive evidence that it is an attitude of wanting to understand that is communicated. For example, Fiedler in a much quoted study, found that expert therapists of differing orientations formed similar relationships with their clients. Less well known are the elements which characterized these relationships, differentiating them from the relationship formed by less expert therapists. These elements are: an ability to understand the client's meanings and feelings; a sensitivity to the client's attitudes; and a warm interest without any emotional over-involvement. A study by Quin is included which Rogers believes shows that "understanding" of the client's meanings is essentially an attitude of desiring to understand.

Due to these evolving theoretical concepts, the extensive forces for change in American society, a growing series of Federal legislation, and assignment of a greatly broadened role to the counselor, the field of psychology, counseling and guidance is beginning to focus more and more attention on unique approaches to provision of its services.

SOCIAL WORK

The field of social work has probably been more prolific than any other in producing non-empirical literature in this area. An overview of this literature includes works by Beck (1963), Blum (1966), Epstein (1962), Farrar (1963), Heyman (1961), Montgomery (1964), Richan (1961), Thursz (1964, Harrison (1964).

The general recognition seems to be that staff in all areas of social work, from child care to geriatrics, is inadequate qualitatively and quantitatively. A serious need exists for professionally educated personnel which can not be met in the foreseeable future. One way to meet the manpower crisis is to analyze the functions professionals perform and factor out those aspects that can be performed by subprofessionals. The concept of one professional supervising a number of well prepared and motivated subprofessionals is one approach to solving the manpower problem of too many unqualified persons, too few low level jobs and too few professional persons. (Schlossberg, 1967).

In 1963, Wilbur J. Cohen, then Under Secretary of the Department of Health, Education, and Welfare, established a Departmental Task Force for the purpose of estimating future manpower needs to implement social welfare programs under both public and private auspices and to identify the types of action required to bridge the gap between the need for social work manpower and the availability of such manpower. One of the specific recommendations of this Task Force concerned the use of nonprofessional personnel. The report, "Closing the Gap" states there was a "need to identify a variety of necessary ancillary and technical services in the field of social welfare for which personnel can be prepared at the high school and community college level. Such personnel would have not only distinct functions in their own areas of competence, but would also serve as aides and assistants to trained social workers, thereby extending the latters' effectiveness."

About the same time that this Task Force submitted its report (1965) the Bureau of Family Services of the Welfare Administration (HEW., 1965) released two publications to State public welfare agencies concerning guidelines on the differential use of staff; "Utilization of Auxiliary Staff in the Provision of Family Services in Public Welfare," and "Utilization of Social Work Staff with Different Levels of Education for Family Services in Public Welfare."

The basic rationale for establishing different levels of functioning in social welfare is stated as follows:

> "The necessity for organizing services to clients through the use of personnel who represent two distinct career lines is created by inter-related differences in three different potentials for change. First, clients have different needs as well as different potentials

> for change. Second, the resources of the various communities in which clients reside are also different, some offering highly developed services, others practically none. Third, different knowledges, skills, and abilities are required by staff members to meet the particular needs of individual clients."

Additional reference to the Welfare Administration's approach to the problem includes papers of the Council on Social Work Education (1962), National Association of Social Workers (1963), The National Conference on Social Welfare in the Social Welfare Forum (1965), and A Study of the Use of Social Work Assistant in the Veteran's Administration (1965).

SPECIAL EDUCATION

In Sweden and Denmark many programs for the mentally retarded employ teaching assistants (Mase, 1964). The teachers and principals of these classes say the productivity of the teacher is sometimes doubled and tripled by using such a person. In spite of our research in this country indicating that teaching assistants are good business, we still do not apply good business procedures in Special Education. Mase believes the reasons are because of vested interest, certification requirements, apathy relative to change and "feather bedding" in education. So our shortage of teachers continues while more and more individuals are thrown out of work because of automation which adds to our unemployment picture and relief rolls, while personnel needs persist in our health and education fields.

Although the use of teaching assistants has been only partially accepted in the United States, volunteer workers with exceptional children have been used for several years. In 1964, the MacDonald Training Center conducted a survey to determine the use of volunteers across the country and to gain recommendations for training needs (Rich, et al., 1964). Approximately 500 administrators of Sheltered Workshops, State schools and other institutions were contacted. Most of them reported some use of volunteers. Altogether the amount of time contributed by volunteers amounted to the equivalent of 497 full-time staff members.

Of the volunteers interviewed approximately 85% came in direct contact with retarded children. Approximately 70% worked with the retarded of all ages, from 4 years up. The remainder worked only with special age groups such as kindergarten or grammar school children.

Approximately 30% of volunteer hours were devoted to recreational activities such as swimming, arts and crafts, singing, ballgames and physical exercise programs. Twenty-two percent of volunteer effort was in assistance to classroom teachers in public schools for trainable retardates or in kindergarten. Other activities of the workers included administrative work, assisting in arranging parties, scout groups, gardening, grooming classes, costume making, providing transportation and filling speaking engagements.

The volunteer's perception of his own needs differed considerably from the results of the national questionnaire which sampled opinions of administrators. The volunteer is far more concerned about interpersonal skills than about knowledge of mental retardation. The administrators placed greater importance on knowledge of administrative rules and regulations.

With a greater emphasis on volunteer workers and support personnel in this field, it seems reasonable that the three out of four retarded children are not currently attending special classes might be provided an equal opportunity for education (Mase, 1964).

CORRECTIONS

The problems faced in the field of corrections are similar to those in other fields of service to society. They include the lack of standardization of job titles, job duties and functions, preparation and lack of professionally trained staff of all kinds at all levels.

The Joint Commission on Correctional Manpower and Training has been established to help implement the "Correctional Rehabilitation Study Act of 1965" (Patterson, 1965), which provides financial aid for research and study of the personnel practices and current and projected personnel needs in the field of correctional rehabilitation.

A prime objective of the Commission was to focus upon the use of nonprofessional personnel. The Commission recognized the emerging of a new subprofession - The Correctional Specialist - which will include those currently called "guards", "cottage parents", "correctional officers" and even "counselors". The correctional specialist would perform many of the functions traditionally conceived of as solely the functions of treatment personnel, such as group counseling, individual advising, serving as liaison officers for treatment teams and serving as coach to inmate task teams.

During the same year, the Council on Social Work Education (1965) drafted a proposal for action on correctional manpower calling for more effective methods of providing personnel for identification of tasks performed and for suitable training programs devised to equip both the undergraduate and the graduate with skills and knowledge necessary to perform tasks on both levels.

The Use of Support Personnel in Vocational Rehabilitation

The field of Vocational Rehabilitation counseling has begun to recognize its critical position in regard to manpower development and utilization. The pressure of expanding service, the broadening definitions of disability and the development of new knowledge are only a few of the factors contributing to an increasing need to re-assess present practices in administration and provision of services.

To accomplish the objective of expanding available rehabilitation services, attention is being directed to current and projected shortages of professional counselors. Smits (1964) has estimated that by 1970 the State Vocational Rehabilitation Agencies will be required to recruit 787 new counselors annually. In addition, the private agencies will require 250 - 400 new counselors per year. In a recent report by the Vocational Rehabilitation Administration (1966), it is estimated that by 1967, the State agencies will require a total of 5,300 counselors, which is a 104% gain over the 2,600 counselors employed in 1964. It is further indicated that current proliferation of job opportunities in many segments of the social sciences indirectly related to rehabilitation, such as the poverty programs, will tend to increase the problem of staff shortages in rehabilitation agencies' facilities.

Patterson (1965) states that counselors are not only being expected to provide more services which they have previously been providing but they are being asked to perform many duties which have not been considered theirs. They are being asked to solve all the social problems which face our society:

> "They are being expected to meet all needs not only of the disabled, but of the economically and culturally deprived, the underprivileged, the uneducated, the unemployed, the delinquent and the alienated."

Patterson feels it is unreasonable to expect the counselor to meet all these needs. Counselors, no more than members of any other single profession, cannot be all things to all people. A profession has a right and an obligation to define its functions and to delimit its services to those which it feels capable and competent to supply.

The solution to the problem, therefore, is to analyze the jobs to be done, determine the requirements for various duties and develop programs of preparation for these duties. Since, he states, many of the things which are expected of counselors, and many of the things which counselors are now doing can be done by persons with less than two years necessary for professional counseling, the development of new positions at subprofessional levels should be explored.

Although a national effort is currently under way to develop standardized principles and guidelines for the use of support personnel in rehabilitation, the basic concept is not entirely unique. A few States have, for several years, utilized volunteers in specific cases of State services. Oklahoma, for example, has developed a rather well organized approach to their utilization in rehabilitation facilities, and California and Wyoming are currently experimenting with aides in State programs (Galloway and Kelso, 1966). Wyoming initiated the first Federally supported project to determine the effect of utilizing support personnel in providing services through the supervision and guidance of a district counselor working with a general caseload.

This project is a demonstration of an administrative plan designed to improve vocational rehabilitation services to clients residing in sparsely settled areas. The traditional method of providing remote areas with vocational rehabilitation services is through a regional or district counselor who serves the area on an itinerant basis. The project proposes to demonstrate the effectiveness of practicum trained women residing in the rural communities of large geographic districts of Wyoming in providing the services of vocational rehabilitation.

The women are being employed as Rehabilitation Aides and working under the supervision of trained counselors. A Training Guide for Rehabilitation Aides is being developed by the project's staff, consisting of two main areas: (1) a series of short courses held by the project's staff and consultants; and (2) supervised practicum experience with clients under the direction of the District Vocational Rehabilitation Counselor. This kind of practicum training will enhance the Rehabilitation Aide's own learning experience while providing continued service to the handicapped (V.R.A. Proposal, 1964).

The effectiveness of this program is still being evaluated. However, the results of the project as summarized in the most recent progress report (V.R.A., 1966), indicate significant advances in provision of services while less significant to negligible results were indicated in other areas. The final report is forthcoming.

A degree of opposition and concern immediately followed the initiation of the Wyoming project. This concern, primarily involving professional status, stimulated a tendency to impose immediate structure as if Rehabilitation Aides might become a "necessary evil" and should be closely contained through the magic of job description. In an article designed to dispel and counter this concern, Galloway and Kelso (1966) stated that efforts to rigidly define and structure the aide role prematurely would be a gross injustice to the search for new insight and could, in the future, stifle effective utilization of aides. The Wyoming project, they felt, illustrates what innovation and experimentation can do. Vocational rehabilitation must insist upon innovation and experimentation as the method of arriving at answers. "To settle for answers born from the union of concern and haste is an injustice to our clients and to our profession."

Several states have initiated experimental approaches to the use of support personnel since 1965. Most of these are still in exploratory stage of development and others have only recently been initiated. To date, there is no conclusive statistical evidence available to support the use of subprofessionals specifically in rehabilitation counseling. However, the preliminary findings of progress reports seem to substantiate their inherent value. Those persons directly associated with their use predict significant results in regards to increases in quality and quantity of services. Don't Handcuff the Aides (Galloway and Kelso, 1966), Providing Rehabilitation Services to Sparsely Settled Areas of

Wyoming (Progress Report, 1966), The Aide Project in Wyoming (Kelso, 1966).

Bregman (1966) has summarized what he feels are the outstanding problems that should be anticipated in the use of support personnel. Focusing upon the counseling process, Bregman suggests that the use of aides will imply the provision of the same services by the counselor and the aide, differing only in the degree of sophistication. Not only will the client and the public tend to become confused but the differential roles of the counselor and the aide will likely become blurred. (1) At what point, he asks, is the decision made as to who does what? (2) How is the decision made and by whom? (3) If the aide is only assigned a less complex role, how is one to know what is really less complex? (4) With any client or in any interdisciplinary relations, there may be subtle factors which, when unrecognized and consequently not dealt with, may have profound effect upon outcome.

Another problem that may be encountered between counselor and aide is one of role conflict between the two. Bregman indicates that the counselor may feel insecure and threatened in his relationship to the aide. On the other hand, if the aide is unsure of her responsibility and the skill she must possess, she may feel her services will be of little value in the total process. This conflict may be partially overcome, however, by providing discriminative job titles delimiting levels of judgement and activities to be performed.

Although the use of aides may relieve immediate personnel shortages, certain long term factors must be considered. If an aide has been employed for several years and professionally trained, recently graduated counselor is hired, is the aide only to be used until after the professionally trained counselor become available? Bregman further asks, are aides responsible to the ethics developed by professional associations and upheld by agencies? If the agency loses its professional counselor, will the aide be laid off until the new counselor is recruited? What are the legal implications in the provision of services by less than a professionally trained person, particularly as it concerns the provision of service to minors? Furthermore, Bregman states:

> "The concept of the counselor aide is derived from a descriptive analysis of what the counselor does, i.e., interviewing, arranging consultations, completion of forms rather than from an anlysis of function in terms of why a service may or may not be required by a particular client. Thus, the utilization of the counselor aide may not accomplish the objective of balancing the equation."

Bregman offers suggestions to help overcome some of these problems. Support personnel should be well screened and properly selected to form first and second order stratifications. First order personnel are those persons who have been educated or trained in a specific skill that can be employed in activities directly related to their skills. Second order personnel are those persons without specific training, but who with the combination of education and experience can be used in a supporting role.

On the job training should be well developed and organized to meet individual needs. Academic training should be available and encouraged and, aide functions should be limited to well defined specific activities depending upon the aide's training, education and experience.

The first official publication from the Vocational Rehabilitation Administration analyzing manpower shortages and offering tentative recommendations for the use of support personnel was completed in 1966 (VRA). Immediate approaches to solving the problem included (1) expanding enrollment in graduate counselor training centers to full capacity, (2) support new graduate education programs in vocational rehabilitation, (3) supporting regional training centers for newly employed but marginally trained counselors, (4) increasing state in-service training practices, (5) developing work-study programs in the universities, (6) supporting pilot projects relevant to the problem of collecting, assimilating and dispersing pertinent data. Long range efforts to solve the problem were recommended which included:

1. Utilization of personnel with varying degrees of competencies which would involve the creating of job categories, the classification of client needs and the provision of separate career lines for Rehabilitation Counselors with varying levels of training.

2. More effective manpower utilization which involves better management practices, with current personnel and the utilization of all other resources, under specific guidelines, that may be available, i.e., volunteers, part-time and summer employees.

3. Staff development procedures involving more intensive planning and creativity on the part of the trainer and trainee, i.e., work-study programs, training centers for new personnel, extension and correspondence courses, availability of formal academic training, and personal growth activities.

4. More intensive and imaginative recruitment policies on both the university training level and the agency level.

In addition to the above, the authors recommend and emphasize research in methodology of providing services, university curriculum and staff development.

The National Rehabilitation Counseling Association concerned with the shortages of personnel, has given consideration to its responsibilities in a statement of position contributing to the solution of the problem (ARCA-NRCA, 1966):

> "The basic position of NRCA on rehabilitation counseling and support personnel in practice must relate to the association's professional membership standards, (i.e., must have attained

> a Master's degree, have one or two years experience, depending on the nature of the degree, and must be employed in a rehabilitation counseling setting also appropriate to meeting client needs). Its basic position must also relate to a hierarchy of loyalities stemming from demands of interest which require a viable and durable framework for decisions and operations; client, counselor, profession, agency and university. There is ample provision through associate and student membership for not yet qualified persons to participate in organizational activities grooming professional growth."

> "Operationally, placing the client's interest ahead of all other considerations means that if the client's needs are not met by what the counselor is and does, or what he proposes to be or do, then the nature of the description of counseling must change. If this means creating a new kind of profession and supporting institutions, then that must be done."

An underlying principle of the Association is that its recommendations be seen as hypotheses subject to critical research. While the demand for personnel is critical, caution must be exercised in the formulation of methods to meet an emergency situation.

As previously indicated, the American Personnel and Guidance Association has recently adopted a policy statement in regard to support personnel and offered suggestions as to their role and preparation (1966):

> "It is the position of the Association that appropriately prepared support personnel, under the supervision of the counselor can contribute to meeting counselor's needs by enhancing the work of the counselor. The appropriate use of such personnel will facilitate the work of the counselor and make the total endeavor more effective."

There are certain services, such as the establishment of a formal counseling relationship which the Association feels the counselor must maintain responsibility and which only a counselor can provide. There are other services such as orientation, outreach and recruitment activities, follow-up, development of job readiness, and improvement of personal appearance which may be more appropriately provided by specially oriented and adequately prepared support personnel. It is essential that a coordinated pattern of professional and support services be provided.

In July, 1966, a conference was held at the University of Maryland relating to the topic "Rehabilitation Counselor - Aide Functions and Relationship." The report of proceedings and recommendations involves much of the current philosophy and orientation to support personnel as previously indicated. One task of the conference, however, was to focus upon a definition of role and to delineate specific functions.

The functions outlined below are similar to role functions defined in reports from current projects, previous conferences and position statements (VRA Project Proposal, 1964), (VRA Progress Report, 1966), (Kelso, 1966), (VRA, 1966), (APGA, 1966), (NRCA, 1966), (California, 1966).

PRELIMINARY STATEMENTS

1. The rehabilitation counselor has the ultimate responsibility for the client's total rehabilitation. A support person's responsibility is to be viewed as "technical" in nature rather than professional. His relationship with the Counselor is analogous to that of the Optician to the Optometrist, the Dental Technician to the Dentist, or the Laboratory Technician to the Physician.

2. The activities and functions of a support person should be carefully carried out under the supervision of a professionally trained and/or accredited rehabilitation counselor.

3. With regard to relationships with clients, the support person is obligated to follow the directions and code of behavior as directed by the counselor. However, the counselor in becoming a professional person has voluntarily accepted and agreed to follow the code of ethics of his profession.

4. The proper utilization of support personnel is recognized as making a substantial contribution to the total rehabilitation process, and can greatly enhance the quality and quantity of services rendered to all disabled and disadvantaged citizens.

SPECIFIC FUNCTIONS OF SUPPORT PERSONNEL

1. Provide information concerning rehabilitation services to lay persons and in some instances professional groups.

2. Contact community agencies and other sources to obtain referrals.

3. Schedule clients for the intake process.

4. Provide general orientation services such as an explanation of services, goals, procedures and other information about the agency.

5. Obtain basic information from the client prior to the counseling interview concerning such factors as demographic data, school and work history, etc.

6. Gather detailed information from community resources such as hospitals, employers, schools, social-psychological settings concerning the client's background and present status.

7. Schedule and arrange appointments for clients for a variety of diagnostic and service programs.

8. Fill out agency forms with the client which are necessary for agency functioning.

9. Prepare and collate data on the client for a referral resource.

10. Maintain liaison with resources to monitor progress and keep counselor informed of progress.

11. Provide information to the client such as housing, transportation, budgeting, recreational programs as well as factual information concerning schools, workshops, facilities and other community resources.

12. Provide selected rehabilitation services such as job interviewing techniques, grooming, job finding methods, rules of work, etc., to the client.

13. Contact employers to solicit job orders and obtain necessary information.

14. Develop interest in employers in hiring the "disabled" and obtain necessary information concerning jobs.

15. Provide information about the client to employers concerning his ability to perform in a given position.

16. Provide routine and other types of follow-up to clients in order to determine satisfaction and satisfactoriness of employment.

17. Administer selected tests.

18. Keep applicants and clients abreast of their status with the agency.

19. Speak to community groups regarding services of the agency.

20. Participate in planning and decision making client conferences with the counselor and other agency staff.

21. Make routine notes in the case file documenting client progress and other pertinent factual information.

22. Maintain occupation information files, resource information, employer data, etc., for agency use.

23. Collect and tabulate statistical information concerning client status and progress which is of special interest to the counselor and the agency.

24. Operate audio-visual equipment.

25. Under the supervision and direction of the counselor, conduct supportive interviews with the client.

26. Perform other services of the agency delegated by the counselor as the aide demonstrates the necessary knowledge, ability and skill.

The support person assumes the management of a caseload, with responsibility for taking applications, assembling client data through interview, records, examinations, etc., makes preliminary determination of eligibility, and presents the case to a counselor (or supervisor) for preliminary determination of eligibility. After consultation with the counselor (or supervisor), the support person may continue to provide or arrange for necessary services, or the counselor may assume the responsibility for providing counseling where indicated, referring the client back to the support person for placement in training or employment following the completion of counseling and the development of a vocational plan and objective. Counseling may continue if necessary, but the supervision and follow-up of the client in training or employment becomes a function of the support person.

Effective rehabilitation requires individualized, comprehensive and integrated professional services. Rendering such services for an individual requires a skillful level of rehabilitation counseling in the evaluation of client needs, the definition of goals and the implementation and integration of all professional services into a total plan for the achievement of his goals.

With the ever increasing pressure for quality and quantity of services, new approaches must be explored. There is adequate evidence to indicate that even the complex and many faceted responsibilities of the rehabilitation counselor could be defined, differentiated and delegated to support personnel. This is at least one way to meet the demand for professional personnel.

CHAPTER III

REPORT OF SURVEY

Rationale for Survey

A review of the literature failed to reveal any significant information concerning the extent of utilization of the Rehabilitation Aide in State agencies. Due to this paucity of information, the Study Group agreed that information had to be obtained to determine to what extent Rehabilitation Aides are presently being utilized in the ninety-one agencies. It was also deemed important to know how a State agency operating such a program actually utilized the services of a Rehabilitation Aide. Did the agency experience any problems in implementing its program? Is the agency experiencing any problems in utilizing aides? Questions such as these seemed reasonable, and answers to these could contribute much in evaluating feasibility of instituting a program.

In agencies where Rehabilitation Aides are not being utilized, the Study Group desired information concerning their attitudes. Did the agency have a need for Rehabilitation Aides? If so, what type information would help them make decisions concerning the implementation of a program? If they had no need for Rehabilitation Aides, what rationale supported this decision?

With these types of information the Study Group felt that it could assemble the kind of material that would be valuable to any agency considering the use of this type of personnel.

Survey Overview

The survey questionnaire (Appendix I) was sent to 91 State agencies of vocational rehabilitation. Of this total, 58 (or 64%) were returned. Of the 58 agencies responding, 19 were agencies for the blind, and 39 were general agencies.

PART I

Part I of the questionnaire was designed to determine if the Study Group's definition of Rehabilitation Aide was acceptable and to determine if the agency currently had a formal program for the use of support personnel.

The respondents were asked to use the following definition as their frame of reference in replying to the questionnaire:

> "Supporting Staff is that staff under the direct supervision of the Rehabilitation Counselor, and whose relationship to the client is a continuing one involving the provision of rehabilitation services which are essential to the vocational rehabilitation process."

Of the 58 respondees, 41 felt that the above definition on support personnel was adequate; and 17 felt that some modification was needed. Of the 17 respondents who felt that the definition should be modified:

6 indicated that the wording "under the direct supervision of the rehabilitation counselor" was too restrictive and should be deleted.

3 felt that the provision should be made for the use of a consultant within the definition.

3 felt that the word "temporary" should be used in place of "continuing" so that clerical staff could be included under the definition.

1 felt that the delimitation, "with tasks assigned on a selected basis" should be added.

1 felt that the delimitation, "but which do not require professional knowledge or skill" should be added.

3 felt that modification was necessary, but did not make any suggestion for revision.

When asked to list all job titles in their agency which they would include under the above definition, the responses were:

JOB TITLE	NUMBER OF AGENCIES LISTING
None	29
Clerical Worker	16
Counselor Aide	13
Home Teacher	4
Workshop Personnel	5
Placement Specialist	3
Intake Interviewer	2
Rehabilitation Technician	2
Other (Remaining categories on survey)	12

It was felt that some of the ambiguity in interpretation of the definition and listing of job titles resulted when a second part of the definition as developed by the Study Group was inadvertently omitted from the questionnaire. The full definition, as developed by the Study Group, was:

> "Supporting Staff is that staff under the direct supervision of the Rehabilitation Counselor, and whose relationship to the client is a continuing one involving the provision of rehabilitation services which are essential to the vocational rehabilitation process.
>
> "The concept of support personnel does not refer to reciprocating lateral relationships between the rehabilitation counselor and collaborating occupations such as social workers, psychologists, physicians, etc."

The final question contained in Part I was, "Do you presently have a formal program for use of support personnel?" The responses to this item were:

TYPE OF AGENCY	HAVE FORMAL PROGRAM	DO NOT HAVE FORMAL PROGRAM
General	13	26
Blind	4*	15
Total	17	41

*Although these four agencies reported a formal program, upon analysis it was the opinion of the Study Committee that the job positions described, i.e., Home Teacher, Vending Stand Specialist, etc., did not fall within the purview of the Committee's definition of support personnel.

PART II

Part II of the questionnaire was designed to elicit information about those agencies that stated they have a formal program for the utilization of rehabilitation aides (i.e., support personnel). As was stated in Part I above, 13 agencies, serving the general rehabilitation client stated they have a formal program. Although 4 agencies serving the blind reported a formal program, as explained above, their responses are not included in the following report, but are in Part III of this unit.

General State agencies reporting a formal program were:

Arkansas
California
Colorado
Kentucky
Louisiana
Maryland
New Jersey
Ohio
South Carolina
Texas
Vermont
Wisconsin
Wyoming

The information that follows is not identified with any specific state.

To the question concerning the initiation of their formal program for support personnel, the responses were:

NUMBER	RESPONSES (Date Initiated)
1	Did not list the date
1	1957
1	1963
2	1964
1	1965
1	1966
4	1967
3	
13 Total	

When asked to list the titles of persons supervising (direct supervision), and percent of time devoted to this supervision, the responses were:

TITLES	PERCENT TIME (Range)
District Supervisor	5% or less to 60%
Supervising Vocational Rehabilitation Counselor	10% to 20%
Senior Vocational Therapy Counselor	50%
Area or other Line Supervisor	Not Reported
Local Office Supervisor	4%
Unit Supervisor (Special Programs)	15%
Project Director	40%
Field Coordinator	5%
Counselors	15% to 100%

Responses to the question concerning the types of activities engaged in by support personnel were:

TYPES OF ACTIVITIES	NUMBER RESPONSES
Intake Interviewing	9
Placement	9
Transportation Assistance	9
Program Interpretation	8
Home Visit	7
Case Conference	7
Agency Contact	6
Casefinding	6
Client Advocate w/other agencies	4
Follow-up	4
Other (Remaining categories on survey)	17

Question 4 of Part II was designed to elicit information concerning individuals hired by the respective State. That information obtained follows. (No attempt was made to combine similar titles if used by different States).

JOB TITLE	NUMBER EMPLOYED	EDUCATION RANGE	AGE RANGE	EMPLOYMENT SETTING	SEX M	SEX F
Rehabilitation Aide	110 Full	8-16	19-55	Regular VR	49	61
Rehabilitation Aide	85 Full	8-16	19-55	Service Center Intake Unit	28	57
Rehabilitation Aide	46 Full	8-12	18-40	Community Service Trainee	25	21
Rehabilitation Aide	6 Full	12-16	21-60	Regular VR	4	2
Rehabilitation Aide	10 Full	14	20-30	State Agency	7	3
Rehabilitation Counselor Aide	19 Full	12-16	22-59	Field and Facility	12	7
Rehabilitation Aide	8 Part	12-17	34-52	District Office Field Office	0	8
Counselor Aide	4 Full	14 or more	Not Given	Regular VR	2	2
	1 Part				0	1
Counselor Aide	2 Full	16	30-45	Institutional	2	0
Placement Specialist	2 Full	16	Not Given	Regular VR Correctional	2	0
Craft Specialist	1 Full	Not Given	Not Given	Homebound Program	Not Given	
Manpower Aide	3 Full	Not Given	Not Given	Field Setting	3	0
Clerk	2	Not Given	Not Given	Local Office	0	2
Steno-Clerk	183 Full	12-16	19-65	State, Local & Facility	0	183
Secretary	29 Full	12-16	19-65	State, Local & Facility	0	29

JOB TITLE	NUMBER EMPLOYED	EDUCATION RANGE	AGE RANGE	EMPLOYMENT SETTING	SEX M	SEX F
Typist II	2	Not Given	Not Given	Local Office	0	2
VR Counselor I	5 Full	15 or Equiv	25-55	Local Office	1	4
Nursing Education Counselor	1 Full	15	53	Mental Hospital	0	1
Work Evaluation Counselor	2 Full	16	27-30	Mental Hospital	2	0
Work Training Center Manager	4 Full	16	24-32	Mental Hospital	4	0
Contract Procurement Officer	4 Full	12-16	24-32	Mental Hospital	4	0
Workshop Foreman	4 Full	12-16	26-57	Mental Hospital	4	0
Home Arts Counselor	5 Full	16	24-50	Mental Hospital	0	5
Psychologist	11 Full 40 Part	MS-Ph.D.	26-65	Local Office & Facility	51	0
Social Worker	29 Full	BA-MS	21-50	Local Office & Facility	1	28
Evaluator	89 Full	14-16	21-65	Local Office & Facility	48	41
Rehabilitation Technician	25 Full	14-16	Not Given	District Office & Facility	Not Given	

In question 5, Part II, the respondent was asked, "In recruiting, how much consideration do you give to each of the following?" The cumulative responses of the 13 respondees were:

ITEM	NONE	MODERATE	MUCH
Age	5	8	
Educational Level		7	6
Ethnic Background	8	4	1
Community Service	2	7	4
Previous Work History		8	5
Vocational Skills		8	5
Salary Expectation	1	11	1
Ex-Client	4	8	1
Other (as follows)			
Availability of Trained Personnel		1	
Ability to work in State Hospital Setting			1
College Courses		1	
Knowledge of Community			1

In answering question 6, Part II, the respondents indicated whether or not they had an inservice training program. The responses were:

Yes 12 No 1

Descriptions of some States' Inservice Training Programs

Same as regular counselors
Intensive training in State offices under supervision of Supervisor of Training and in the districts under Supervisor of Training and District Supervisor
Arrangement by supervisor in local office and shared responsibility of counselor
One day for District Supervisor and Supervisory Personnel and structural training program for aides

Question 7, Part II, "What factors entered into your decision to develop a program for utilization of support personnel?". The various responses to this query were:

Release counselor to counsel
Expedite service to clients
Aides can function more effectively with certain specialized groups
Aides can help to cover territory in sparsely populated areas
Realization that counselor could not do entire job by themselves, need as much help as possible

When asked, "What type of benefits have accrued to your agency as a result of your program, that is, quality and quantity of services, more clients served, etc.?", the responses were:

Increase in quality and quantity of service to clients
Decision making process can be expedited
Counselor can manage larger case loads
More effective counseling
Found aides can be used in almost every aspect of the rehabilitation process where he is under the supervision of a rehabilitation counselor

In question 9, Part II, the agency personnel were asked, "What difficulties, if any, did you encounter in implementing and continuing to use support personnel?" The responses were:

4 agencies reported "none".

Other agencyresponses were:

1 Antagonism, resentment to and threat felt by rehabilitation counselor

4 Usual delays in getting position established under State Salary Schedule

4 Staffing: defining the roles and relationship to other agency personnel

1 Acceptance by other professionals

1 Getting counselor to be less possessive of their clients and realizing that support personnel could complement their service

1 Problems in communications, problems in keeping the individual client first and foremost as the chief reason for providing service and a problem in overcoming professional barriers of workers

1 Financial support

1 Assuming too much authority

"What modifications, if any, would you make to change or improve your program?" To this question, the answers were:

4 agencies listed nothing

3 agencies stated they were undecided, still evaluating

2 agencies indicated continual evaluation and staff development program

2 agencies stated they planned to extend the counselor aide concept to field activities, utilize sub-professionals in a program suited to their abilities and to provide opportunities for future professional growth

1 agency stressed the need for attitude training for other professionals

At the end of Part II, the respondents were asked to make additional pertinent comments that might shed light on the aide program. Five agencies availed themselves of this opportunity. Their responses were:

Some of these people are doing an excellent job and are capable of more professional work

I am of the opinion that many positions of support personnel could be used in District Offices

Since at least one-half of counselor time is spent in provision of services, I see no reason why sub-professionals should not be used extensively as "expediters"

Provision should be made for growth, assumption of greater responsibility, and an opportunity to "Cross-over" into the professional area where appropriate

Hopefully we shall be able to provide the services of one counselor aide for five counselors, if experience and funding warrant

PART III

Part III of the study questionnaire was designed to elicit some specific information from those respondents who reported that their agency did not have a formal support personnel program at this time. The Study Group felt that even though an agency may not operate a formal program, it may have done some planning in this direction and might have some contributions to make in this area. The Group also realized that some agencies might be interested in obtaining information regarding the use of aides for future planning.

General Rehabilitation Agencies reporting no formal program were:

Arizona
Connecticut
Delaware
Florida
Guam
Idaho
Illinois
Indiana
Iowa
Kansas
Maine
Massachusetts
Michigan
Minnesota
Missouri
Montana
Nevada
New Hampshire
North Carolina
North Dakota
Oklahoma
Rhode Island
Tennessee
Utah
Virgin Islands
West Virginia

Of these 26 General Rehabilitation Agencies that reported no formal support personnel programs, 15 indicated they had considered establishing an aide program.

Those States that had considered an aide program but decided not to establish one gave the following reasons:

Still planning how to best utilize supporting personnel
Conviction that counseling is a total process that cannot be split up and delegated. Non-counseling duties now performed by counselors are best done by a competent secretary
Agency district offices too small to justify at present time
The agency has never experienced much difficulty in recruiting rehabilitation counselors. Hence, the need for counselor aides has not been given much consideration
Since we have not clearly defined the role of aide and our immediate needs are for rehabilitation counselors, a decision on their possible use has not been made
Inability to get positions allocated through the Department of Personnel

Those States that are considering a support personnel program but have not implemented it yet, reported the following factors that influenced their decision to use such personnel:

Free counselor for more counseling time
Will enable agency to deal more effectively with various minority groups
Shortage of trained counselors to meet demands of recent legislation
Difficulty in recruiting trained counselors

Several States reported some problems in establishing a support program. These reported problems were:

Clearly defining duties of the aide
Fund shortages evident for some time to come
Difficulty obtaining Civil Service Classifications to fit new jobs
Securing qualified rehabilitation aides
Physical space in district offices
Training of Aide and Counselor in use of aides
Development of training personnel

A question asked of all agencies, "What kind of information would you want if you should decide to use support personnel?", elicited the following replies:

Other States' program experiences, impressions, findings
Job descriptions - qualifications

Operation procedures where aides are used
How related to other staff on pay scales
Ratio of aides to counselors
What happens to client-counselor relationship when aides are used
Can aides be used in special settings, e.g., mental hospitals, schools for retarded, etc.

All but four of the agencies for the blind reporting stated that they did not have a formal aide program. The four reporting a formal program did not describe any aide positions that met the definition as set forth in this report. The agencies for the blind and the general rehabilitation agencies are, therefore, reported separately. The summary of information relevant to the agencies for the blind is as follows:

Agencies for the blind reporting were:

Arizona
Delaware
Kansas
Louisiana
Maine
Massachusetts
Michigan
Minnesota
Missouri
Nebraska
New Mexico
New York
North Carolina
Pennsylvania
Rhode Island
Tennessee
Texas
Washington
Wisconsin

Seven agencies for the blind indicated they had considered establishing an aide program. Those states that had considered a program but decided not to establish one gave the following reasons:

In process of staff expansion - it is felt that more sufficient experience must be gained prior to formulating a support program
Have not had time to properly explore the possibilities of support personnel
In a rural State, the costs involved in travel and other expenses would be prohibitive
Limited line items - legislative approval
Need for more counselors
Small agency - not required up to this time

Those State agencies for the blind that are considering a support program but have not implemented it yet, reported the following factors that influenced their decision to use such personnel:

We are motivated by the obvious disparity between need for service and the present and future availability of professional staff positions to merit it
Provide relief to counseling staff
Increase staff case loads

Two States reported some problems in establishing a support program:

Lack of time to research precedence and further possiblities for utilization
Lack of availability of support personnel
The handling of such a program within the framework of statuatory provisions governing the confidentiality of case information
Getting legislative approval and additional appropriations for personnel

The question was asked of all agencies, "What kind of information would you want if you should decide to use support personnel?" Responses of the reporting agencies for the blind were:

The areas of responsibility in which, and the effect to which we might best put such a resource
Staffing plan
Experiences other agencies are having in this area
Qualifications - job decriptions
Pay scales
Promotion and advanced educational opportunities

There has been no attempt in this chapter to answer questions raised, or to interpret what the various respondents might have meant by their comments. Much of the information obtained by the use of this questionnaire is reflected in comments in other chapters. Some material has been extracted and used; other material has been "lifted" and included in the appendix, and annotated according to the chapter to which the information is pertinent.

CHAPTER IV

IMPLICATIONS OF AIDE UTILIZATION

General

INTRODUCTION

Although the aide concept has been accepted by other fields, it is only recently that it has been seriously projected as a means of meeting the growing problem of trained counselor shortage within the State rehabilitation agency setting. Even though it is not widespread at this time, there appears a growing interest toward utilization of the aide by several of the State rehabilitation agencies and those professional counseling organizations most closely identified with the field of rehabilitation.

Indicative of the concern of increasing staff shortages and the interest in the aide concept to alleviate this condition, are the deliberations of the professional organizations. An example was the joint meeting of representatives from the American Rehabilitation Counseling Association and the National Rehabilitation Counseling Association at the University of Maryland in 1966. Their purpose was to discuss the, "delineation of appropriate functions of the rehabilitation counselor aide in State vocational rehabilitation programs..." (VRA, 1966). This meeting, along with intra-organizational deliberations, has prompted policy statements recommending that aides or support personnel be utilized. In March, 1967, the American Rehabilitation Counseling Association issued a policy statement supplementing a statement adopted by the American Personnel and Guidance Association in November, 1966. One of the general statements appears to signify their purpose. It states, "There are at the present time a variety of functions to be referred to as the noncounseling functions, being performed by the professionally fully qualified Master's degree counselors, that could be handled satisfactorily by persons with less training."

Again, in September, 1966, Bregman, in cooperation with the National Rehabilitation Counseling Association, presented an article which serves as a statement of the association regarding the utilization of support personnel. A part of this statement reads:

> "An extension of the utilization of individuals educated in related disciplines is a consideration of training personnel with less than professional education in any discipline. It is anticipated that such individuals with Bachelor's degrees, or even less, can be trained through a combination of on-the-job training, institutional and university courses to perform some of the 'simpler' duties of the counselor as they relate to the provision of direct services to and with the client." (NCRA Professional Bulletin, December, 1966)

However, the professional organizations are not alone. Of the thirty-nine general rehabilitation State agencies responding to a questionnaire regarding their use of aides, thirteen indicated that they had adopted formal aide programs. It is also interesting to note that ten of these programs have made their appearance since 1963 with six being formalized in the years 1966 and 1967. The survey further pointed out that fifteen of the remaining twenty-six agencies had considered the aide program and were either on the threshold of initiating it or had decided against implementation because of the problems involved (IRS Study Survey, 1968). While the movement may not represent a bonafide trend toward utilization, the emphasis given it in recent months could well be indicative of a beginning trend.

As the reader, particularly the one who practices in an agency setting, reflects on the aide movement, his concern at this point might well center on the necessity for the aide, advantages which can accrue and pitfalls which can occur as the result of aide utilization. Although there are several approaches one could observe in replying to the counselor, it is decided to first briefly review conditions within the agency setting which prompt the need for rehabilitation aides. In this manner it is anticipated that a somewhat better vantage point can be gained from which to examine several of the benefits to be gained through a planned aide program and, at the same time, review those areas of concern in the initiation and perfection of an aide program.

RATIONALE FOR UTILIZATION OF AIDES

In reviewing the agency's charge for serving the nation's disabled, several chronic and growing problems are extant. One of the major issues is the increasing number of potentially eligible disabled individuals awaiting rehabilitation services. Although this situation has always existed, the potential number awaiting service continues to generate at a rate beyond the agency's ability to effectively provide rehabilitation services. A fundamental reason for this increased growth has been the continuing legislative enfranchisement. Beginning with the physically disabled, the program now encompasses the broad areas of emotionally disabled and mentally retarded as the result of 1943 legislation, and most recently, the behavioral category in 1965. It is a trend that is expected to continue. Of equal importance is that a sizeable portion of this number awaiting service is attributable to the success of the agency and particularly the individual counselor in meeting the needs of the disabled over the years.

An additional problem and one that is related to the first, is that with the legislative enfranchisement of each new disability category, there has also been included a preponderance of those individuals whose disabling conditions are so complex that, at this stage in the agency's growth, they are unable to take advantage of the services which are now available. These severely disabled or multiple handicapped do not appear to represent a particular disability category, but rather emanate from all categories. Although there are many examples, a review of statistical information gathered on major disability conditions from ninety State Vocational Rehabilitation agencies during the period from January 1 through March 31, 1964, is indicative. In this study it was noted that a high percentage of individuals were not accepted because of their severe disabilities. They include in part: (1) cardiac - 60 percent, (2) orthopedic - 48 percent, (3) blindness and visual - 47 percent, (4) psychosis and neurosis - 53 percent, and (5) epilepsy - 48 percent (Vital Issues, NRA, page 22).

However, while the agency is confronted with this large segment of severely disabled for whom a vocational solution cannot be wrought, there is another equally difficult task confronting each of the agencies. This is the need to extend rehabilitation services to those eligible individuals who are included in that segment of the population classified as disadvantaged or culturally deprived. Cutting across race lines, reaching into the city and rural disadvantaged alike, it is a source which can no longer be ignored by the rehabilitation agency. The emphasis given this group by the creation of new Federal programs appears to have set the pace. To remain aloof or only superficially involved would appear in some way to negate a fundamental purpose for the agency's existence.

A NEED FOR THE TRAINED COUNSELOR

The individual classified as severely disabled or multiple handicapped and who remains out of the rehabilitation process or once entering the process finds that no solution exists, must have the benefit of those counselors who possess not only the skill but also sufficient time to practice that skill. These two facets are responsible for the greatest number of clients remaining in the unserved severely disabled category. It is the complexity of this client's problems which defies gross methods or common and usual rehabilitation practices. These have usually been applied without success. Their only assurance is from the counselor who can apply the latest methods, experiment and profit from experiment, and repeat the process again with new techniques until each avenue to the client's total rehabilitation has been fully explored. In essence, what must exist is a formal approach to his problem.

THE TRAINED COUNSELOR - A SHORTAGE

While the necessity for the skills of the trained counselor is apparent, there is also sufficient evidence to show that these skills are a commodity which do not appear to exist in sufficient quantity within the agency. For example, one study places the number of Master's degree counselors within the agency setting at approximately 40 percent (Western Reserve University, 1967, page 8). Moreover, there is little likelihood the agency will be able to easily fill the gap with trained counselors from outside sources. For example, it is stated that of the 450 rehabilitation counselors who were expected to graduate in the academic year 1964-65, less than one-half were expected to seek employment in State agencies. The problem becomes even more apparent when it is estimated that the need for rehabilitation counselors increased from 2,950 in 1965 to 4,100 in 1966. The need for rehabilitation counselors in 1965 alone is estimated at 2,300 (VRA, 1965). Hansen indicates that according to the 1963 President's Manpower Report there would be a demand for 34,000 additional full-time counselors of all types by mid-1967. This was a 50 percent increase over the total number of full-time counselors necessary in the year 1964.

THE REHABILITATION PROCESS

An equally crucial problem is one that exists within the agency setting. Should the skilled counselor exist in sufficient numbers, it is anticipated that little formal assistance can be rendered the severely disabled or multiple handicapped with the present methods now employed for utilizing the trained counselor. Today, the agency rehabilitation counselor is too often recognized as one who performs a wide variety of functions. It is interesting to note that in a query to the question regarding images of the profession, 67 percent of the vocational rehabilitation counselors responding viewed themselves as working in a jack-of-all trades role (Western Reserve University, 1967, page 12).

Of particular concern is that the skills of the trained counselors have had to compete with a host of activities requiring lesser, routine skills, many of which he has had to perform singlehandedly. For example, the counseling function has always been considered the highest skill in the counselor's repertoire, but in a time study of counselor activity by Barnhart, it is noted that the counselor devoted approximately 20 percent of his time to face-to-face contacts with the client, while almost one-third of all counselor time was spent in office work (Training Guide in Caseload Management, VRA, page 29). This is further exemplified in a study of a group of State VR agencies which showed 75 percent of all clients received less than two hours of counselor contact after the intake process was completed (Vital Issues, 1965, page 28).

This multi-faceted role is one that appears to have been adaptable to an early day rehabilitation counseling setting, when the process was simple in its application and the counselor could range across the board with relative ease. However, this situation no longer exists. The rehabilitation process, like many aspects of rehabilitation, has not been a constant factor and it too has felt the impact of legislative action and counselor sophistication. Today, it is a process consisting of a variety of functions ranging from routine data collection and form completion to the ultimate in counseling expertise. While it allows for a more complete service for the client, it also demands a greater proportion of time and skill from those responsible for its application. It is markedly clear that if each of these functions is to be effectively applied, the singlehanded effort of the rehabilitation counselor becomes untenable. The counselor, in an attempt to interpret and apply each facet on the basis of individual need, quickly learns that he is engulfed in a morass of procedure which stifles not only his prime skills, but relegates the client and his problems to a secondary level of importance.

The Aide - An Approach

The pressure of increasing numbers awaiting service and a need for effectively serving the severely disabled from all facets of society, coupled with a chronic shortage of trained counselors with which to meet these responsibilities, appear as major challenges confronting the rehabilitation agency. Although a rationale can be developed for procrastinating in their solution, i.e., the need for higher budgets followed by more staff, these are problems for which the agency must now seek answers if it is to remain a leader in the field of rehabilitation.

It is the rehabilitation aide who appears to offer a solution. Certainly he is not an overnight panacea and under no condition will he replace the skills of the trained counselor which are needed so desperately. However, his utilization will, if properly integrated into the agency program, assist the agency in meeting these challenges.

With the inclusion of the aide, the role of the professional counselor in relation to the aide must be given consideration. To begin with, the rehabilitation aide exists for the specific purpose of assisting the trained counselor to more effectively serve his client. While the aide is often viewed as a stop-gap measure, i.e., to be utilized only when there is a shortage of personnel, he should in reality become an integral part of the staff even though trained personnel exist in sufficient numbers.

In pursuing this point somewhat further, ample evidence has been presented to indicate that a trained counselor in the agency setting must often perform many routine activities which interfere with his ability to practice those skills in which he is trained. Not only is this an established practice in many agencies, but it is quite likely that it is a practice that will continue even should the ranks be filled with trained personnel. It is this utilization of the counselor that presents a dichotomy in that the skilled counselor who attempts to focus his skills in solving the problems of today's clients finds that he cannot do so because of the time he must devote to many of the necessary but mundane activities in the rehabilitation process.

Again, if the agency is to meet its responsibility, it is imperative that each trained rehabilitation counselor be afforded an opportunity to practice his skills to the limits of his professional training; it is at these outer limits where many of the solutions in rehabilitation will be resolved. Thus, each agency must begin the process of assessing, delineating and removing from the trained counselor's activities those duties which can be performed by those with lesser skills.

While the aide can be utilized to assume those duties requiring lesser skills, there is still another type to be considered. This is the aide who brings to the agency a unique set of skills. For example, the aide selected from the culturally deprived group might assist the counselor in comprehending the dynamics of this facet of society and, consequently the client who is a part of that society (Ridenour, 1967). Again, there is evidence to suggest that the aide who is a recovered alcoholic can fill a vacuum which no amount of professional skill can breach (Staub and Petree).

In any event, whether it be the aide employed to perform facets of the rehabilitation process and/or the one with the unique skills, both serve the trained rehabilitation counselor in the performance of his task. In essence, the aide appears to provide another dimension to the rehabilitation process. The advantages and problems of this relationship are noted in the following pages.

Advantages

THE CLIENT

In reviewing the advantages which can result from aide utilization, the most important recognizes the client as the focal point. The trained counselor who is relieved of the routine activities and/or who is assisted by that aide with unique skills can now more ably solve those problems posed by the client. While the application of the counselor's skills will be noted in each case, it should be most pronounced in those disability areas now classified as severely disabled or with the culturally deprived. It is in these areas where the trained counselor can now begin to make inroads on a formal basis.

In addition, and as previously implied, one of the major problems confronting the trained rehabilitation counselor is that he did not have the time to perform many of the functions within the rehabilitation process. The result has often been a gross application of the rehabilitation process which, in the final analysis, left much to be desired. With the counselor-rehabilitation aide relationship, it is now possible for each facet of the rehabilitation process to be applied to the needs of the client with greater sensitivity. The end result is a vocational solution that is attuned to the client's maximum physical and mental capacities.

THE COUNSELOR

While the rehabilitation aide will enable the counselor to practice his special skills, he will also enable the counselor to perfect those skills in greater degree. The trained counselor whose daily activity is watered down with routine duties, able only to practice rehabilitation skills at a minimal level, is unable to perfect his professional counseling skills. Counselor growth or the perfection of skills is not only dependent upon the academic process, but upon frequent, maximum utilization of those skills once they have been obtained. The removal of the routine duties will enable the counselor to approach client problems in depth. It is in this manner that he is able to note his strengths and weaknesses, identify skills which need honing or new ones which he must have if he is to meet the client's problems. In this climate it is anticipated that he will strive to perfect his skills in order to meet these problems.

To assist him in this endeavor will be the aide. As the counselor grapples with the problems of the severely disabled, he will in turn demand a continuing refinement in the data he needs to determine vocational solutions. Thus, while the counselor is performing at a maximum level, he will in turn demand a similar performance from the aide. The aide with experience and training will also gain a sophistication in performing that part of the rehabilitation process to which he is assigned.

Although there may be a minimum of similarity, Robinson (1966) writes that with the utilization of the aide, the field of occupational therapy was able to raise the level of its professional function and increase its efficiency to a degree that would have been impossible of achievement without such support. Perhaps more important is the observation of Gordon (1965), who states, "As the subprofessional assumes roles within the professional structure, there is a necessity for the fully qualified counselor to develop new and more advanced skills than those which are currently included in his repertoire." (American Psychologist, May, 1965, page 343).

THE AGENCY

Increasing Numbers and Expediting Service

Although empirical evidence does not exist in quantity, there are indications that the aide can assist the agency in increasing the number of clients served. In the IRS Survey Report, thirteen States reported using a formal aide program. Of the eleven replies to the question regarding those benefits which have accrued to the agency as the result of the aide program, five clearly stated they were able to serve more clients.

In addition, a problem confronting the agency has been the time lapse between referral and the provision of services. Sheer numbers of clients and the inability of the counselor to single-handedly perform the multitude of rehabilitation functions have partially accounted for this delay. Unquestionably, this lapse of time has resulted in many prospective clients failing to avail themselves of service or dropping out once in the process. It is the utilization of the rehabilitation aide which will enable the agency to provide a more expeditious service.

Conserving a Skill

With the chronic and increasing shortage of trained counselors within the agency setting and the inability of the agency to attract skilled counselors because of the shortage throughout the counseling field, the aide will enable the agency to conserve the special skills of the counselor.

Retain and Attract

In assigning the trained rehabilitation counselor to a specific area of his training, the counselor will gain a definable identity as opposed to the jack-of-all-trades concept which appears prevalent within the agency setting now. It is this definable identity which will assist in the retention of the skilled counselors in the agency setting and attract those who heretofore have sought employment with other agencies. Too, it is likely the refinement will attract additional numbers of individuals into the university programs which, in turn, will be reflected in those trained numbers available to the agency.

The Aide as a Potential Resource

It is anticipated that the integration of the aide will attract many into the agency setting who will be able to profit from a formal training program. Their experience gained while working in an aide capacity will not only enable each to gain insight into the field, but also to enable the agency professionals to evaluate their potential for training in depth.

THE COMMUNITY

While the community will profit from the agency's provision of quality service and serving increased numbers of clients, there is an additional benefit that can accrue from aide utilization. There is a need for the rehabilitation agency to gain insight into the community structure in order to develop a rehabilitation program reflecting community need. While the development of community relations has largely been a professional responsibility, these professionals have usually been in short supply and many have not resided for any length of time in the community setting in which they practice. Thus, community attitudes and societal divergencies have often remained obscure.

It is anticipated that a sizeable proportion of aides will be employed in the community of their residence, each possessing an understanding and having a rapport with that segment of the community of which they are a part. Perhaps it is the aide who has an identity with minority groups or the culturally deprived. On the other hand, perhaps it is the aide who can identify with a group such as employer, medical, civic organizations, etc. These aides will not only be able to represent the agency to the community but, in turn, these segments of society will become known quantities to the agency. The result, of course, is that the agency becomes an interwoven part of the community--more attuned to community need.

Certainly a part of the need for developing greater community cohesion is to extend rehabilitation services to those who are eligible for these services. The Vocational Rehabilitation Administration has established there are 3.7 million disabled people in the United States who could benefit from vocational rehabilitation services. It is not known who these people are, where they are or what services they need (Vital Issues, 1965). It is inconceivable that a sound foundation for program planning can occur unless such individuals and their needs become known to the agency. Again, the aide appears as a means to reach and provide services to this vast number.

Areas of Concern in the Use of the Rehabilitation Aide

There are areas of concern in the use of aides which, if given careful consideration, should not preclude their use, but should enhance it. These concerns affect administration, supervision, counselors, clerical staff, the community, and the client. The purpose of this section is to describe them.

THE CLIENT

The rehabilitation process is client oriented, individualized, and goal directed. This process is recognized as being most effective. The client's plight must be understood and dealt with as he experiences the dumping syndrome, playing the waiting game, or overcoming the numerous obstacles placed in his way to test his motivation. The use of the rehabilitation aide may then be of considerable value in expediting the provision of services to the client, to get through the procedural paperwork with greater dispatch, and to more quickly establish the client in sound rehabilitation programs. However, one of the basic and important services rendered by the agency is that of counseling and guidance. The counseling relationship begins with the initial interview. Though the aide can be useful in this process, his involvement should not interfere with the establishment of client rapport with the counselor, the counseling relationship, and the therapeutic processess. The aide should be a help to the counseling process rather than another obstacle between the client and the counselor.

The client may be better able to relate to the aide than to the agency, and he might request services from the aide that are unreasonable. If these services were to be provided, they might only lead the client to experience another failure and be of greater disservice than help. Often clients are dependent and may experience anxiety due to their guilt feelings for their dependency. They may externalize these feelings by projecting them on someone else by requesting unreasonable services. As clients exert pressures upon the aide, the aide may have difficulty handling them satisfactorily and either make promises that will be unfulfilled, or through rejection, alienate the client further. Thus, the client will have to have a clearer understanding of the aide's position, of his capabilities for delivering services, and see him as a friend and a spokesman for him in those cases where he might have felt uncomfortable in approaching the agency. Thus then, with client, aide, and counselor involvement in the consideration of such requests, the reasonableness of them can be determined with satisfactory, realistic, and reasonable resolutions to the problems.

THE COUNSELOR

The role of the rehabilitation counselor is at best not clearly defined. Some see the rehabilitation counselor as similar to a counseling psychologist working intensively with clients in a counseling relationship. Others view the counselor as one who is involved in coordinating services for the client and maintaining community involvement. The latter would seem to be more accurately descriptive of the role of the working counselor within a State agency. In this role he may function better with the assistance of an aide. If the counselor is relieved of routine duties which can be done by an aide, it would allow the counselor to move up the continuum and better develop and utilize his professional skills.

The counselor should not, however, abdicate his client and community responsibilities to the aide, nor should he feel threatened by the aide. Rather he should take a mature stand and consider how he can most effectively use his aide and delegate to him appropriate assignments. Thus, he can then free himself to use his professional capabilities and to more adequately extend his influence. He should not cause the aide to be another obstacle between himself and the client or the community.

If the counselor relates less frequently to the client than the aide, the question may arise as to who is doing the counseling. The counseling relationship may begin with the first contact and continue through all contacts and may include both verbal and non-verbal communication. It would seem, then, that if the counselor is to do more counseling because he has an aide, care must be taken to allow for meaningful client-counselor involvement. The counselor should use his aide with discretion, maturity, and organization.

It should be recognized that it may take much of the counselor's time to organize in order to utilize his aide; this is especially so in cases where the counselor has more than one aide. It has been observed that some counselors have expressed that they could have done their casework in the time it takes to manage their aides.

Counselor shortage is recognized as an important problem and every effort should be made to meet it. Counselor training programs might be increased or expanded. These training programs are less than fifty percent.

THE AIDES

It is difficult to categorize aides, as their duties may differ from agency to agency or from setting to setting. One categorization may include the aide who provides technical assistance to the counselor doing routine work. The second may be selected because they are indigenous to their community, whether it be a city's ghetto or a clannish rural setting. Third, aides may be selected because they have involvement and identification with a particular disability group, such as the recovered alcoholic.

If the aide is selected to provide technical assistance to the counselor doing routine procedural work, such as paperwork, arranging for general medicals, and setting up other appointments, the position may be somewhat clerical in nature; and presently in various setting these duties are being done by clerical persons. This might be expanded, or the aide may also be used to assist with other clerical duties; however, an aide probably shouldn't be delegated to this role.

Some aides are selected because they are indigenous to their community; and therefore, it is assumed that they may be better advocates for the client. The concern here is that because a person is indigenous to his community it does not also mean that he is representative of, or even accepted by, his community. Often in the ghettos or within ethnic or disability groups there exists petty jealousies, status strivings, or feelings toward the establishment that make it difficult for an indigenous person to be the link between them. Therefore, care must be taken when selecting an indigenous person that he is the type of person who will be accepted by the community and will be accepting of all who may become clients.

Another assumption is that aides may be able to communicate more effectively than counselors with their community. The community may use jargon with which he is familiar or that has certain local implications. It would seem that the counselor who is involved with the community would make it a point to become familiar with this if he is to be effective. It might require selective placement of the counselor, and this might be expected if the agency is assumed to have expertise in job placement. It may be assumed that the aide is less easily mislead or "conned" than the counselor. Often this may be the case initially or superficially, but the aide may also be less sophisticated in his understanding of people and their problems. Although the aide may be capable of involvement in a counseling process, he may fail to comprehend the implications of certain personal-social adjustment problems such as that of the character disorder. The aide's lack of understanding may lead to an overinvolvement and lack of objectivity. If the aide is to be the advocate for the client and if he fails to recognize the problem, its implications, and limitations, he may argue for unrealistic, untenable programs. If these are subsequently denied, he may project the blame on the establishment resulting in a widened gap between the agency and the community. The client might suffer because such services may in the long run be a disservice rather than a benefit.

The assumption that the aide can communicate better with clients in a community may be correct in terms of greater frequency of contacts. However, persons may be hesitant to give information about personal problems if they are concerned about confidentiality. Often a person will confide in a counselor, a doctor, or a clergyman those things he would not tell a neighbor, housewife, or a local resident. For example, in a small rural town where everyone seems to know everyone else, persons may be sensitive to having others in the community know of any particular problems that beset them. Families may be sensitive to having others know that they have a person within the family that has an alcohol problem. Thus, though there may be an increase in communications with clients by the use of aides because of the greater frequency of contact, the assumption that the communication will be greater in depth may not be significantly substantiated. The counselor will still have to involve himself in a counseling relationship.

In time, aides may involve themselves quite well in the rehabilitation process and become proficient in their position and in their relationship with clients, the community, and the agency. It may be that at that time they will become dissatisfied with their status as aides and, depending on their background, may unrealistically wish to be recognized as counselors. Furthermore, they may wish to receive greater remuneration for their services and thus in some ways experience morale problems. Thus, necessary efforts will have to be made to develop satisfactory solutions to these concerns through the establishment of career lines and career patterns with adequate programs of remuneration. They should be based on recognition of the experience received, as well as carefully conceived in-service training programs that will give the aide a sense of personal, academic, and professional growth and personal satisfaction, rather than a feeling of being stagnant with an expectation of remaining at the same level.

The Agency

ADMINISTRATION

Problems at various levels may affect administration. Administrative decisions must be given to the most effective utilization of the aide in order to provide more and better services to a greater number of disabled persons.

State legislators and personnel offices must be convinced that the use of the aide will be advantageous to the group. Job descriptions, based on sound rationale, must be developed to describe how the aide will be used.

Funds must be made available and budgeted for the aides as well as for supportive services including office space, furniture, clerical services, and travel. Clearly understood lines of communication and supervision should be outlined and established.

Career patterns including salary schedules, advancement, and levels of responsibility must be considered. How to do this is a real question, as some aides may have completed college, whereas others who are selected for their effectiveness may have more limited formal education.

Public relations may improve with the use of aides; however, at times the aide may lack discretion as he represents the agency and may misinterpret the program. These problems then revert to administration.

Simplification of superfluous procedures and forms might be undertaken to relieve the counselor rather than to provide new staff to do it. These and other concerns extant in the use of the rehabilitation aide will eventually affect the administration.

SUPERVISION

There may be areas of concern in the supervision of the rehabilitation aide. First, who will supervise the aide? The district supervisor or the counselor? There may be conflicts between the aide and the counselor, and the district supervisor may have to arbitrate in these. Clients or others may confuse the aide and the counselor role; and unless these are clear, it could create problems. The same may occur between the role of the aide and the clerical staff. Clerical staff, usually responsible to counselors, may resent the aide or see themselves superior to him and thus fail to cooperate fully. Thus, the lines of supervision between the State supervisors, district supervisors, office supervisors, counselors, aides, and clerical staff should be clarified and understood for best cooperation.

Although the integration of the aide will pose new supervisory problems, there are others which will be more readily resolved. To begin with, supervision within the agency is concerned not only with the administration of regulations but also in assisting the counselor to develop those skills which will enable him to provide maximum service to his client. However, the counselor who must function in this setting, where he is solely responsible for handling each and every facet of the rehabilitation process from referral through placement, often defies this latter facet of supervision. His responsibility for the multiple facets makes it difficult to evaluate or to assist him except in a statistical sense, i.e., the flow of cases through the process, e.g., assignments, acceptances, plans, placement and closures.

The advent of the aide should offer a change. The counselor now performing a specific function becomes amenable to constructive supervision because of his identifiable role. In addition, as the aide's role is defined, that part of the rehabilitation process to which he is assigned can be evaluated more clearly. In other words, the delineation of roles within the process, whether it be that of the counselor or the aide, tends to sharpen the focus upon the strengths and weaknesses of the rehabilitation process and allows for a supervision that will enable the counselor and the aide to use the process more effectively.

In projecting the development of the aide within the rehabilitation setting, is it conceivable that the aide will spark the growth of other highly skilled roles within the rehabilitation process in addition to that of the rehabilitation counselor? What about the areas of placement or intake? Are these facets of the rehabilitation process where special and/or unique skills can be developed? Will the case manager, coordinator or other become reality? As one views the initiation and future growth of the aide concept in the rehabilitation setting, one cannot help but give thought to the growth of the aide in other fields. For example, Galloway and Kelso (1966), in their introductory comments refer to nursing, occupational therapy and physical therapy as recognized professions which had their beginning in assistive functions. In turn, each of these professions now utilizes the aide. Certainly it would appear that the aide might well foster the growth of additional skilled roles within the agency setting which will enable the agency to provide a more detailed and complete rehabilitation service to its clients.

CLERICAL STAFF

In many cases, clerical staff's duties have been historically and are presently proportionately similar to those of a rehabilitation aide. Clerical staff may thus feel somewhat threatened by the establishment of the position of an aide. The clerical staff may feel that it experiences a greater status than the aides or may be somewhat resistant to helping with the clerical work that the aide requests. Every effort must be made to bring about the greatest possible cooperation between the entire team, including the aide and the clerical staff.

COMMUNITY

It is assumed that the use of aides will establish better communications between the community and the agency. It is necessary to recognize, however, that even though an individual selected to be an aide is indigenous to his community, he may not be well accepted nor representative of his community. Often such communities or disability groups have petty jealousies of one another, and these work against the progress of such a community or against the acceptance of a member of their community as their leader, advocate, or representative. Sometimes affiliation with the establishment labels the aide as having sold out. The involvement of the agency and the counselor may be necessary to get an aide who has acceptance by his community and to do everything possible to get the community to accept the aide. Until this is accomplished, many persons may still want to go directly to the counselor and may feel rejected if they are channeled back to the aide. An understanding must be reached and confidence established in the aide. The realization of this will enhance the entire program and will allow services to come to an increasing number of disabled persons.

It would then appear that the worthwhile use of aides will involve great care in selection, delineation of responsibility, orientation, and supervision.

SUMMARY

The basic assumption is that through the use of rehabilitation aides the State agency will be able to bring more effective rehabilitation services to an increasing number of disabled persons. The advantages in the use of the aides as well as the justification for their employment has been well described earlier in this chapter. There are areas of concern, however, that should not be overlooked if such a program is to be used effectively with the provision of services to more disabled persons with greater dispatch and at greater depths. These areas of concern affect administration, supervision, rehabilitation counselors, clerical staff, the community, and the aides, as well as the client himself. These areas of concern include the establishment of the position with acceptance by State legislators and personnel offices, the establishment of clear lines of supervisory functions, the orientation of counselors in effective utilization of aides and in the delegation of certain duties to them without abdicating the counselors' responsibilities to the client and the community, the establishment of satisfactory rapport between aides and clerical staff, and finding aides who are acceptable to their community wity whom they can communicate with confidence in a realistic fashion without expecting unreasonable services and thus bring about solutions to the problems of the clients within these communities. Having given adequate consideration to these concerns, and through provisions to meet them, the use of the rehabilitation aide may enhance the rehabilitation process, the agency and its services, its communications with disability groups or communities, and with clients. Only if satifactory solutions and attention to the problems and concerns involved in the use of rehabilitation aides can be reached by all parties concerned will the plight of the client be resolved.

CHAPTER V

THE ROLE OF THE REHABILITATION AIDE

The use of rehabilitation aides is a very recent innovation and the use is not universal throughout the various State programs. Because the experience is limited and because the practice has not yet withstood the test of sufficient time, we do not think it prudent to suggest that an ideal model on the role of rehabilitation aides has been developed. Certainly the concept indicates much promise as a method to serve not only greater numbers of eligible individuals but also as a method to reach out to those disabled individuals whose disabilities or circumstances are such that traditional approaches will not overcome their vocational handicaps.

In the study, we have discovered there are different kinds of rehabilitation aides performing different kinds of duties depending upon the needs of the community and the State agency in which they work. Thus, it is very important for the State agency to identify needs which they believe can be fulfilled through the use of rehabilitation aides; and then, based on these needs to establish the duties of the rehabilitation aide, the qualifications required for an individual to become a rehabilitation aide, and the aide's relationship to other staff members. Before incorporating the use of rehabilitation aides in its program, the State agency should ask itself such questions as: How would the use of rehabilitation aides help in the rehabilitation of clients? Why are rehabilitation aides wanted? Is it to serve more of the same kind of clients now being served? Is it to serve more of the hard core, difficult to rehabilitate, time-consuming cases? Is it to expedite the vocational rehabilitation process? Is it to relieve the rehabilitation counselor of routine duties so that he can serve more clients? Or is it some sort of combination of the above? If the State agency does decide to use rehabilitation aides, then immediate training on the role and duties of the rehabilitation aide is not only essential for the rehabilitation aide but also for the rest of the staff with whom he works.

Indications from the several States using rehabilitation aides are that aides can function satisfactorily in many different settings and roles. There is a wide spectrum of roles ranging all the way from one extreme as a counselor's assistant taking detailed instruction and direction from the counselor to the other extreme in which he is the client's advocate pressing the counselor to give primary consideration and immediate attention to his client's expressed needs. When the rehabilitation aide functions as a client's advocate, he is more community oriented. When he functions as a counselor assistant, he is more establishment or agency oriented. Of course, since the State agency's (establishment's) purpose is to vocationally rehabilitate disabled individuals, the rehabilitation aide should be client oriented in either case. These are points to be remembered especially when the use of indigenous rehabilitation aides is being contemplated.

Indigenous is an adjective generally used to describe a rehabilitation aide who is associated with an impoverished area and who is a member of the environment and/or culture of that poverty pocket. In this study, however, we have found instances where the rehabilitation aide is indigenous to other conditions. For example, rehabilitation aides who were alcoholics are functioning in an alcoholism rehabilitation center where alcoholics are receiving vocational rehabilitation services. Another example is a very large rural state where housewives residing in certain small communities serve as rehabilitation aides for clients of their community.

When indigenous rehabilitation aides are utilized, some of the prime reasons are based on the desire of the State agency to more effectively serve greater numbers of members of that particular community by overcoming the communications barriers, the lack of the client's understanding of the agency's purpose and services, and the counselor's limited understanding of the client's plight. It is realized that the cultural chasm between the rehabilitation counselor and the client is often very real and deep. To illustrate this, the following chart prepared by Ralph Segalman, Assistant Professor of Sociology at Texas Western University, is presented. Professor Segalman adapted this chart from an article presented at the Rocky Mountain Social Sciences Association in the Spring, 1965. This chart illustrates the cultural chasm between middle and lower classes.

THE CULTURAL CHASM

The concept of	in middle-class terms stands for...	but to lower class is...
Authority (courts, police, school principal)	Security - to be taken for granted, wooed	Something hated, to be avoided
Education	The road to better things for one's children and Oneself	An obstacle course to be surmounted until the children can go to work
Joining a church	A step necessary for social acceptance	An emotional release
Ideal Goal	Money, property, to be accepted by the successful	"Coolness"; to "make out" without attracting attention of the authorities

Society	The pattern one conforms to in the interests of security and being "popular"	"The Man" - an enemy to be resisted and suspected
Delinquency	An evil originating outside the middle-class home	One of life's inevitable events, to be ignored unless the police get into the act
The future	A rosy horizon	Nonexistent. So live each moment fully
"The Street"	A path for the auto	A meeting place, an escape from a crowded home
Liquor	Socialability, cocktail parties	A means to welcome oblivion
Violence	The last resort of authorities for protecting the law-abiding	A tool for living and getting on
Sex	An adventure and a binding force for the family - creating problems of birth control	One of life's few free pleasures
Money	A resource to be cautiously spent and saved for the future	Something to be used now before it disappears

If the utilization of rehabilitation aides in an indigenous setting is being comtemplated, it is suggested that the aide serves as a link pin as indicated below:

COMMUNITY —— ESTABLISHMENT
\ /
REHABILITATION AIDE
(Link Pin)

In this role, the indigenous rehabilitation aide should not become completely identified in either the area of the community or the establishment. One of his roles is to insure satisfactory understanding and communication in both directions. He makes certain that the establishment (the State agency rehabilitation counselor) understands the problems of the client, the client's frame of reference, the client's value system, and the motivational forces underlying his behavior. At the same time, he makes certain that the client understands the State agency's purpose, the rules of eligibility, the demands of society, and the limitations under which the State agency operates. This is a most difficult role to maintain. If the aide becomes too community oriented, he is apt to make demands that the agency cannot meet. On the other hand, if he becomes too State agency oriented, he soon becomes identified by the community as a part of the establishment. If either circumstance occurs, the situation reverts to the original problem that prevailed before. Only this time, disillusionment has set in. The community is now certain that the State agency cannot deliver the services so urgently needed, and the State agency is more easily convinced that this particular segment of the community is non-feasible and members of that community cannot become vocationally rehabilitated through the services offered by the State agency. However, if the indigenous rehabilitation aide can maintain the role of a link pin, then the so-called hard core client can be reached. The expertise of the rehabilitation counselor and the vocational rehabilitation services of the State agency can be brought to bear upon the client's vocational problems through clear channels of communication made possible by the indigenous rehabilitation aide.

So far, this discussion has been related mostly to the general role of the indigenous rehabilitation aide. However, this study has revealed that most State agencies that either have or are contemplating the use of rehabilitation aides are not concerned in making the distinction about whether or not the aide is indigenous. Therefore, the following remarks will not make such distinction either.

In July, 1966, a conference was held at the University of Maryland relating to the topic, "Rehabilitation Counselor--Aide Functions and Relationships." The report of proceedings and recommendations involves much of the current philosophy and orientation to support personnel. The preliminary statements which were adopted at the conference and which are outlined below are consistent with the recommendations contained in reports from current projects, previous conferences, and positions statements (VRA Project Proposal, 1964; VRA Progress Report, 1966; Kelso, 1966; VRA, 1966; APGA, 1966; NRCA, 1966; California, 1966).

1. The rehabilitation counselor has the ultimate responsibility for the client's total rehabilitation. A support person's responsibility is to be viewed as "technical" in nature rather than professional. His relationship with the counselor is analogous to that of the optician to the optometrist, the dental technician to the dentist, or the laboratory technician to the physician.

2. The activities and functions of a support person should be carried out under the supervision of a professionally trained and/or accredited rehabilitation counselor.

3. With regard to relationships with clients, the support person is obligated to follow the directions and code of behavior as directed by the counselor. However, the counselor in becoming a professional person has voluntarily accepted and agreed to follow the code of ethics of his profession.

4. The proper utilization of support personnel is recognized as making a substantial contribution to the total rehabilitation process, and can greatly enhance the quality and quantity of services rendered to all disabled and disadvantaged citizens.

As stated before, rehabilitation aides are being used in many different settings and are performing many different kinds of duties throughout the various State agencies. In most instances, the rehabilitation aide is utilized to help solve a problem unique in some respect to a particular set of circumstances. It would be extremely difficult to describe all of the programs. Also it would be difficult to adopt a program being used in one situation and apply it to another situation. The following list of duties is a compilation of duties performed by rehabilitation aides under the supervision of a rehabilitation counselor in several programs. The list is separated according to a logical sequence of steps in the rehabilitation process.

CASEFINDING

1. Routinely contacts private and public community agencies to secure likely referrals.

2. Explains services of the State agency to private and public community agencies.

3. Explains agency services to neighborhood or indigenous groups.

4. Participates in surveys. In one instance, rehabilitation aides participated in a house-to-house survey of an impoverished neighborhood looking for disabled individuals with vocational handicaps.

5. Makes initial contact with a referral received from some outside source.

6. When individuals fail to follow through on referrals, makes some sort of personal contact, including home visits.

7. Keeps check on referrals to insure that prospective clients are promptly and efficiently contacted.

INTAKE

1. Greets clients when they make initial personal contact with the agency.

2. Participates in the orientation of the client to the agency.

3. Assists clients in the preparation of applications and related forms.

4. Gathers information needed to establish eligibility and to initiate the vocational rehabilitation process.

5. Follows through when sources fail to respond to requests for information.

6. Assembles case record folders.

7. Sits in when the rehabilitation counselor first meets the client. This occurs when the rehabilitation aide has had previous contact with the client or when the special services of a rehabilitation aide are needed - e.g., interpreter for a deaf client.

8. Informs referral source when client responds or when he fails to respond.

9. Helps rehabilitation counselors evaluate clients vocational potential and readiness for services.

10. Completes appropriate reports, e.g., R-300 statistical report.

CASE WORK ACTIVITIES

1. Advises referral sources and client when eligibility or ineligibility has been determined.

2. Gathers additional information regarding clients as needed by the rehabilitation counselor.

3. Keeps referral sources informed of vocational rehabilitation plans for those individuals whom they have referred.

4. Assists clients to apply and receive services from other agencies. Most often such services have a direct bearing on the overall vocational plan. For example: helping the client receive medical services from a county hospital or public health clinic, or helping a client secure the services of welfare, or register with a public employment agency.

5. Serves as an interpreter or communicator for the client with the counselor.
6. Administers psychological tests (within their competency).
7. Role plays situations with the client. For example: Role play an employer as the client practices in applying for a job.
8. Helps the client work out problems related to the services provided in a vocational plan. For example: Help a mentally retarded client become accustomed to using public transportation or travel a new route.
9. Serves as an interpreter for other helping agencies when our client with a special problem (such as a deaf person or a non-English speaking person) applies for services from that agency.
10. Surveys the community for employment placement and OJT opportunities.
11. Makes routine follow-up contacts of clients placed in training or employment.
12. Reports to the counselor any problems that the client may be having.
13. Assists the counselor in group counseling.
14. Prepares necessary R-300 statistical reports.
15. Performs clerical duties including filing, making appointments, following through on broken appointments, and helping the counselor maintain satisfactory caseload management.
16. Assists counselor in cases where motivational problems occur and peer group pressures may bring about modifications in level of motivation.

EMPLOYMENT PLACEMENT AND FOLLOW-UP

1. Solicits the community for employment opportunities.
2. Keeps a list of previous placements and current opportunities.
3. Helps the client adjust to his job duties. For example: Helps a blind client become acquainted with a new machine or interprets verbal instructions through sign language to the deaf client.
4. Makes routine placement follow-ups and reports progress and problems to the counselor.

5. Serves as a liaison between the client and his employer.

6. Reports employment placement to referral source.

7. Prepares R-300 statistical and closure forms.

8. Notifies referrals and other interested sources of clients' employment.

By our definition, the aide's work is directed by the rehabilitation counselor. This places the counselor in a different role. He is in fact a supervisor. Administration needs to give this serious attention and consideration in order to make efficient use of the rehabilitation aide-counselor relationship and to avoid unnecessary role conflict between the rehabilitation aide and the rehabilitation counselor. Quite often the counselor is threatened by the competence of his aide. This is especially true if the counselor is new or if he has difficulty in carrying out his duties. The aide often has a highly critical attitude toward the counselor and toward any established agency. Sometimes conflicts develop because of the salary differential between the aide and the counselor as well as the salary differential between clerical staff members (particularly clerical supervisory staff) and the aide.

The level and quality of the rehabilitation aide's work depends upon the ability and concern of both the aide and the counselor. Some aides will want to assume the responsibilities and freedom of action of the counselor while others will not. Some counselors will want to assume the responsibility of supervision that is inherent in the use of aides while others will not.

It is our belief that the utilization of rehabilitation aides can be beneficial all the way around -- for the client, for the State agency, for the community, and for the rehabilitation aide who is embarking on a new career. However, we stress once again that it is imperative, before the initiation of an aide program, for the administration of the State agency to decide what kind of a rehabilitation aide program is wanted; to define the duties of the rehabilitation aides; and then to train the rehabilitation aides in their duties and to train the other State agency staff members in their relationships to the rehabilitation aides.

CHAPTER VI

QUALIFICATIONS AND SELECTION

One of the primary concerns of agencies contemplating the utilization of the aide is the criteria used in their selection. Although each agency would probably be looking for different characteristics in aides according to the setting in which they would be used, there are some factors that would be common to any rehabilitation program. The questionnaire designed by the Study Group and sent to the State agencies contained a unit on qualifications to elicit information that could be used by agencies contemplating the use of aides in their rehabilitation programs.

Question 5, in Part II of the survey was thus stated: "In recruiting, how much consideration do you give to each of the following?" The factors were then listed and the agency was asked to rate these as having MUCH consideration, MODERATE consideration, or NONE. (IRS Study Survey 1968). The items listed were: Age, Educational Level, Ethnic Background, Community Service, Previous Work History, Vocational Skills, Salary Expectation, Ex-Client, Other.

It has been pointed out earlier (Chapter III) that thirteen States reported having formal rehabilitation aide programs in operation at the present time. The next few pages of this chapter will concern itself with a brief overview of what these agencies reported as being important qualifications in recruiting rehabilitation aides.

FACTOR	REPORTED RESULTS
Age	MUCH 0 MODERATE 8 NONE 5

It can be assumed that such factors as emotional maturity, social maturity, and possibly the age group with which the aide would be working might be given more consideration. State hiring policy must also be a factor that has to be considered.

Educational Level	MUCH 6 MODERATE 7 NONE 0

Seven States reported a high school education would meet their needs, others required some college background, and yet others required a baccalaureate degree in order to work in their program. The results of the survey, therefore, do point up the fact that education is an important factor. All States do not agree, though, as to what the educational level should be.

Ethnic Background	MUCH 1 MODERATE 4 NONE 8

States that gave consideration to this factor were the ones who were utilizing their aides primarily in the poverty pockets, and with particular minority groups. They recruited their aides from these segments of the population on the theory that these individuals could develop better relationships and communications with the population from which they came. He would thus be more effective in carrying out the rehabilitation process.

Previous Work History MUCH 7 MODERATE 6 NONE 0

The area of previous employment is very definitely a factor that carries much weight in personnel selection by the State agency. The feeling evidently was pretty general that the aide with a good, broad, stable work background could be of some value in helping the rehabilitation client with satisfactory job selection and placement.

Vocational Skills MUCH 5 MODERATE 8 NONE 0

This factor, as the previous one, seemed to have considerable significance to the agency in the consideration of an individual for employment as a rehabilitation aide.

Salary Expectation MUCH 1 MODERATE 11 NONE 1

This can be interpreted to mean that although the agency indicated there was some significance attached, the agency did not consider salaries to be a major factor. The reason for this could be that this area is controlled by State and agency salary scales.

Ex-Client MUCH 1 MODERATE 8 NONE 4

A generalization here could be that a former client might have some empathy toward other handicapped persons and thus be able to relate better to them. The general concensus, however, seemed to be that this wasn't a vital factor.

Other

Four States listed additional factors that applied to their own specialized function and, therefore, it was felt these probably had no significance for purposes of this manual.

The survey has pointed up some rather interesting and meaningful data in the area of rehabilitation aide selection and qualification. Perhaps most significant is that one of the first and most important factors that an agency looks for is the applicant's previous work history and vocational skills. Age and ethnic background do not appear to be factors that are of major concern to most recruiters. Education and salary appear to be areas that are controlled by Civil Service, State, or agency employment policies. Although these factors appear to be significant to varying degrees in many States, the particular setting or the needs of the agency seems to be the determining factor as to which qualifications are most important.

On the basis of the above review it is interesting to note that most of the reporting States evidently still use a traditional approach when considering applicants for rehabilitation aide positions. They consider as most important such factors as past work history, age, education, and known vocational skills. It is true that over the years these criteria have proven to have the most value in predicting success on the job. It may prove true in the future also, that these same factors will be the most valuable when screening individuals for positions as rehabilitation aides.

The Study Group, during its deliberations, ascertained that there are many types of rehabilitation aides being used by State rehabilitation agencies throughout the country. They determined there are certain qualifications that might be identified in accordance with the type of activities in which the aides are engaged. The most frequently found aide is defined as the Technical Rehabilitation Aide, and the next most frequently found aide is the Indigenous Rehabilitation Aide.

The Technical Aide is that individual who would conceivably be working in a State agency office. His duties would be primarily restricted to assisting with the routine type activities associated with the rehabilitation process. For example, he might be assigned to intake, follow-up agency contacts, job placement, etc. In addition, this aide might also be required to complete certain records and reports, and certainly would become involved in agency objective interpretation. This person would have a great deal of face-to-face contact with clients of the agency.

The Indigenous Aide, although required to carry out many tasks that are similar to the Technical Aide, functions in a different role. This person is initially selected from an indigenous group, whether this be for racial or cultural reasons. Because of his background it is assumed that this individual will be able to relate better to the people he is assisting. It is recognized that he has a better understanding of their problems and will be able to communicate better with them. Too, he will be in a better position to interpret the agency philosophy to the community and at the same time interpret the community's needs to the agency. This aide's primary task will be, therefore, to bridge the gap of understanding and communication between the neglected segment of a community and an official agency that is attempting to meet its needs. In addition, the indigenous aide could be that person, who is indigenous to a specific disability group. The best known example of this is the recovered alcoholic who is now devoting his time to helping other individuals who have the same problem.

We would expect that the following qualifications should be considered in the selection of personnel for positions in any of the rehabilitation aide categories.

1. A demonstrated ability in inter-personal relationships.

It is of the utmost importance that individuals are selected who have a deep, warm, personal feeling for people and their problems. It is essential that the aide be able to empathize with the person with whom he is working. The aide that does not have this attribute cannot possibly pass on to the agency the problems and needs of the individuals or community with whom he is involved. This also points up the need to recruit individuals who have acquired social and emotional maturity. It is felt that this is probably the most important criterion that should be established in recruiting aides for work in any rehabilitation program.

2. A relatively good knowledge of their community.

This factor is essential for several reasons. The aide has to have an ear to the heart-throb of the community in order to understand its needs. The aide also has to know and understand what the community's attitude is toward the agency. If he does not have this knowledge and understanding he will be of little value in bringing about a healthy, constructive change. A more practical reason for knowledge of the community is in the area of job development and placement. A qualified aide can be of invaluable assistance to the agency and the counselor if there is knowledge of industry and acquaintance with employers in the community. The relationships he can establish between the agency and various community groups can also be of great value.

3. Acceptance by their community.

This is one of the primary reasons for the employment of the indigenous aide. For years the rehabilitation counselor has had difficulty relating to specific groups within the community. It is felt that if a person were working within the agency who had acceptance by these various groups that he could do much to further the rehabilitation process within these particular groups. This factor, however, is essential for any person who is functioning within the whole community.

4. Sufficient formal training to have demonstrated a good ability to learn.

Most aides would be required to obtain sufficient formal training so as to gain at least a basic understanding of human behavior. This would necessitate some research and reading. The aide will also be required to complete certain records and reports as established by the agency. All of these things require a certain amount of academic achievement, and thus some basic skills in this area are essential.

5. An adequate amount of time free from other responsibilites.

It is well known that when working with people, their demands on the workers' time, and emergencies that may arise cannot be controlled by an eight to five working schedule. It is inconceivable to think of employing as an aide, a person who has so many demands on his time either from family life, a business, or a social life that he cannot be depended upon to serve the agency client when the need arises.

6. Available means of getting about their community and/or work area.

The demands of the job in the field of rehabilitation are such that representatives of the agency may be required to be at any place at any time, and unless they are fairly mobile they may not be able to serve the agency as they should. In the area of the indigenous aide it is essential that this person function within the community and here again mobility is an important item to consider.

In summary it must be pointed out, that in order to recruit personnel who have these attributes, it is of vital importance that the recruiter be carefully selected. This person must be an individual who is able to identify and effectively evaluate these characteristics in the applicants being considered for employment as an aide. In fact, this person may be the key to the success or failure of an aide program within the agency. It can be readily seen then, that the traditional criteria i.e., age, examination, etc., for personnel selection will have to play a secondary role. It appears that a new method or procedure of selection will have to be established in order to obtain the type of individual who can best serve the agency in the role of rehabilitation aide.

CHAPTER VII

TRAINING

This section consists of a discussion of training for the newest and most controversial member of the rehabilitation team, the rehabilitation aide. It includes training concepts, techniques, approaches and goals, and attempts to raise some pertinent considerations which must be faced in the development and implementation of an effective program. Time is devoted to the training needs of other members of the team affected by the addition of the aide. Some implications for long range training plans at the university as well as agency level are considered. Finally, it is hoped that throughout the discussion significant issues are raised which stimulate the reader to consider innovative methods for dealing with them.

Since the rehabilitation aide generally comes to the rehabilitation field with undeveloped basic skills, e.g., interviewing and recording; the need for an immediate training program is obvious. The ambiguity of his role as well as the diversity of life experiences, education and work skills he brings to the job affects his performance, emphasizing the need for training to enable all to begin at a reasonably similar level. The need is enhanced by the fact that many aides are actually creating their job description while performing their tasks. The rehabilitation aide, who is indigenous to a lower socio-economic community, and is employed in an agency office located in that same area is the model for this discussion.

The Rehabilitation Aide

The literature noticeably lacks material on aide training; this is largely due to the relative newness of the occupation. Consequently, many involved in staff development have taken a pragmatic approach to training the rehabilitation aide. Perhaps the most experienced and prolific reporter on the subject is Frank Reissman. The bibliography lists a number of his publications; they are highly recommended for reading and should be carefully considered when developing a program.

The delineation of priorities facilitates the planning of a training program. What is the minimum knowledge needed in order for the aide to function immediately on the job? This decision should provide the foundation for the overall program and assist in the development of specific goals and guidelines for training. It may be difficult to list the basic information needed to perform the job in situations where the aides' tasks have not been fully outlined. This will likely occur in agencies where job descriptions are developing simultaneously with training programs. Hence a great deal of training will be on-the-job rather than in a classroom setting. Therefore, it is essential to plan the training in phases enabling the aide to become skilled in an area before proceeding to the next task. This presupposes a flexible approach to rehabilitation aide training in that experience in one phase may alter the anticipated duties of the aide requiring a change in the training plan.

A basic orientation program can meet the initial priority needs when classroom and on-the-job training is combined. A list of objectives and general outline for an orientation program is included in the appendices. (Appendices III and IV) The reader is urged to refer to Appendix III and Appendix IV, pages 103-104. Considerable emphasis is placed on the general area of human relations as well as job tasks of rehabilitation counselors and rehabilitation aides. Also included is the concept of confidentiality, and the development of a code of ethics for the occupation. Counseling techniques, and the general subject of relating to others on-the-job as well as in the community is part of the program. Built into this format is considerable opportunity for active learning, concepts are related to actual situations and tasks. The trainees can put into practice new learnings and get rapid feedback on their performance.

Detailed training programs are available from New Jersey, Wyoming and California. It would be helpful to have these available when developing rehabilitation aide training programs. They can be obtained by writing to the director in each State.

This stage of training should be brief as experience seems to indicate that aides learn more effectively on-the-job; their anxiety is increased by the anticipation of their duties, and is lessened once they begin to work.

> "It is not to be assumed, unlike many other positions, that the N. P. (Rehabilitation Aide) knows his job when he begins it. Rather in the early stages of this on-the-job experience, he is actually involved in continuous training and the first job operations are really to be considered preliminary aspects of the position that he will ultimately fulfill. He is really still in training on the job itself." (Reissman, Undated, mimeo)

Remedial education in basic reading, writing and grammar skills is another area of training to consider. Is it the agency's or the aide's responsibility to provide the remedial education when the aide needs it to improve his job performance? Should remedial education be included in the basic training, or in one of the next phases of training? Might the improvement of these skills affect the aide's ability to communicate with clients in his community? No doubt this must be resolved on an individual basis but the agency should recognize that some aides will have needs in these areas, and that training during the initial stage of employment might better prepare him for the following training phases and work assignments.

The next stage of training should be conducted on-the-job, and should incorporate the concept that new skills are introduced when the job needs demand them. This will encourage rewards and will reduce the threat imposed by employment and the job responsibilities. At this point it is important to again review and develop priorities of training needs on both a long and short term basis. These needs will be more readily identifiable as the aide progresses on the job and is exposed to more and more tasks. Training techniques such as role playing, observing, and group discussions around problems, e.g., with professionals, other agencies, the aide's image in the community, his relationship to friends and acquaintances who apply for service and with the type of supervision he receives, etc., would be appropriate. These discussions might initially be with peers only, and gradually open up to include other staff members.

As the rehabilitation aide begins to settle into the routine of the agency operation and becomes comfortable with his assignment, needs for on-going training programs will be identified. Experience indicates that aides begin to feel anxious over role changes and develop identity conflicts. "Is my loyalty now only with the agency or can I still maintain my allegiance to my community and the agency now that employment and paycheck has altered my economic status?" The trainer must be alert to these conflicts and provide a climate for peer group discussions where these problems can be identified, aired and hopefully resolved so that the aide will be able to make effective contributions to the agency.

Learning to accept, utilize and profit from supervision is another significant area for on-going training. Role-playing, review of current case material as well as unstructured discussion in peer groups would be effective techniques.

Eventually the sessions should include the supervisors; the same techniques could be used. Other staff members such as medical consultant, clerical personnel and vocational psychologist will need to meet with the rehabilitation aides to clarify role relationships and job responsibilities. Clerical staff are particularly sensitive to these issues as some of their tasks may overlap, especially in the early period of employment. In addition, aides often assign work to the clerical staff. Both groups could be relieved of considerable tension and misunderstanding if administration would issue clear statements of roles and job duties. Open discussion, including sensitivity sessions could help reinforce these statements.

As the rehabilitation aide develops and sharpens his skills, particularly in interviewing, recording, and relating to other agencies, it will become apparent that he must begin to focus on some of his own attitude changes and conflicts towards clients. His role may again become ambiguous which could create anxiety and tension. Open, forthright discussion with the professional staff regarding their attitude toward this issue as well as peer group discussions, role playing, talks by and with community leaders would enable the aide to deal with this problem more constructively.

The last point in this section relates to training in formal academic classes, institutes, etc. It is necessary for the agency to make policy decisions on several issues here. Should non-professionals participate in institutes along with professionals, or should separate programs be developed? Is a goal of the agency to encourage and provide for upward mobility to the professional level for the aide? Should the rehabilitation aide be given compensatory time off for academic training, including remedial work? Should the agency's out-service training policy be the same for the aide and professional, or different?

The Rehabilitation Counselor

Training for the rehabilitation counselor must also be divided into priorities of need. The most fundamental training needs are sessions concerned with understanding the concept of adding non-professionals to the rehabilitation team, the changed role of the counselor as well as the aide's role, the need for the aide, and lastly, significant time devoted on how to use the aide. Distribution of literature and talks with others who have worked with aides are vehicles to meet these needs. Open discussion, including the sharing of information, ideas, etc., with administrative staff would also be helpful.

Since in many work situations the aide's complete job description and list of duties will be compiled while he is on the job and actually working with a counselor, it is important to develop a method of determining the aide's present assets and skills. The opposite is also significant as a team will work successfully when the members are cognizant of, and respectful of each other's strengths as well as weaknesses. Therefore, another training need would be to make the counselor aware of the aide's assets and skills as well as to provide skills and techniques for sharing and delegating responsibilities. No doubt, there will be a continuous need for sessions on these subjects as the aide and the counselor become better acquainted and the aide's job description becomes formalized. Discussions on peer group levels as well as aides with counselors will be effective.

Following this phase training of the rehabilitation counselor must include both long and short range programs on supervision of the rehabilitation aide. The counselor acquires the new role of supervisor when the aide begins to work with him. Hence it is essential for him to learn techniques and methods of supervision. Didactic sessions, role playing, tapes, films, readings, etc., are excellent techniques. Perhaps a brief institute prior to the arrival of the aide with follow-up sessions over an extended period of time would be suitable. The need for a well developed planned program in this area cannot be over-emphasized as the success of the working relationship is strongly related to the nature of the supervisory relationship.

The relationship between the rehabilitation counselor and his supervisor will no doubt be altered with the addition of the aide. Training sessions concerned with the new role relationships conducted in peer groups as well as counselor supervisor groups should be initiated. The supervisor should have an opportunity to brush up on his teaching skills as he is in a strategic position to assist the counselor with his new duties.

Areas of less priority where training is needed is the relationship of the counselor-aide team to the rest of the agency staff. As administration develops duties and responsibilities for the staff, training programs should be worked out concurrently to enable the staff to more effectively accept and work with the counselor-aide team.

Additional Area of Training

The Master's Degree Program in Rehabilitation Counseling in colleges and universities throughout the country should become involved with the rehabilitation aide concept. The most effective contribution would be in developing courses in supervision for the Master's Degree candidate. The counselor would thereby acquire a skill which would enable him to adapt to the counselor-aide concept more rapidly and effectively. Some of the initial fear and threat would be allayed as the counselor would have tools with which to function in the role of supervisor. Additional courses in the use of rehabilitation aides should be considered by program coordinators. Therefore, it is necessary for the coordinators to take another look at the rehabilitation counselor model they have developed.

It is the agency's responsibility to introduce the rehabilitation aide concept and the changed roles of rehabilitation counselor to the community and agencies used by vocational rehabilitation. Should this be done in structured, formal teaching programs? Perhaps the counselor and aide could benefit from role playing sessions where they review typical situations they may encounter in working with the agencies. As the aide duties become defined, it will become increasingly more important to have the community clearly aware of his level of responsibility and duties.

Finally, we will raise a variety of issues which will no doubt come to light as training programs are conceived and implemented for the rehabilitation aide and rehabilitation counselor.

Reissman recommends that wherever possible, one person should be responsible for the selection, training and supervision of the rehabilitation aide. This may be feasible in only relatively few situations where aides are used in large numbers, and difficult when staff is already assigned training responsibilities. This allows for identification by the aides with one person. A limiting feature, though, is that one person may not have all the skills that need to be imparted to the aides. Would it be more appropriate to assign another person to aide training or if there is a statewide staff development person, should he be responsible for the program? Would it be more effective to assign the task to local people to be supervised by a statewide trainer?

Along with that issue is the question of the design of the training program. Should it be flexible to meet individual needs or is it more practical to design one program and distribute it to all offices? As was indicated earlier in the discussion, it was found helpful to continually revise the orientation program to meet the needs of each group as well as to build upon experience gained from the previous session.

The question of whether or not training should be conducted in a local office or whether aides should be brought together from various locations should be considered. Practicalities such as finances, and transportation will be involved in this decision but the important consideration in which situation will provide the aide with the most skills most expeditiously.

As the overall training program develops, emphasis should be placed on follow-up sessions to help test out the effectiveness of early training as well as to sharpen skills and to learn new ones.

This is by no means a thorough review of training needs and means of implementing them. The field is very new and calls for innovations, creativity, and much free expression of ideas, methods and techniques. Much of the success of the rehabilitation aide program rests on the adequacy of the training and the knowledge and skills all staff gain from it.

CHAPTER VIII

FUTURE TRENDS
IN
THE USE OF SUPPORTING STAFF IN REHABILITATION COUNSELING

Introduction

In recent years, three significant conference reports have been published which reflect the increasing concern of professions with the utilization of support personnel. While these reports (Selection, Training, and Utilization of Supportive Personnel in Rehabilitation Facilities (1966); Seminar on the use of Supportive Personnel in Speech Pathology and Audiology (1967); Supportive Personnel in Rehabilitation Centers: Current Practices and Future Needs (1967)) all documented the need for, and to some extent, the current usage of supporting staff, relatively brief mention was made of training as related to the career development of these persons. The little space devoted to this consideration is not surprising since the prevalence of these workers in rehabilitation is new and the need for them grew out of the expansion of rehabilitation services due to Federal legislation and the accompanying manpower shortages in all areas of this field. As time passes, each professional organization and agency which is involved in rehabilitation will have to become more concerned with career opportunities for support personnel because, individuals currently working in this capacity will become increasingly discontent if, (a) they function as counselors but do not receive commensurate prestige and pay; (b) their positions are "dead-ends" where occupational mobility is impossible. This section of the report will concern itself with those future trends in the utilization of rehabilitation counseling supporting staff relevant to the following areas:

1. Career contingencies
2. Expanded utilization
3. Impact upon quantity and quality of services
4. Research needs

Career Contingencies

In any discussion of counselor aides, technicians, trainees, etc., prime consideration must be given to the uncomplicated fact that they are currently hired by public and private rehabilitation agencies, given some kind of training and perform a variety of functions. Formalized training programs and careers have not been systematically devised for personnel at this level essentially because:

1. Rehabilitation counseling is not firmly established as a profession.
2. The training and functions of rehabilitation counselors vary considerably.
3. The definition, training, and utilization of supportive staff also varies greatly.

In spite of these points, a few professionals and organizations, to some extent, have developed conceptual schemata relating to non-professional workers in rehabilitation counseling.

In his paper, Rehabilitation Counseling: A Profession or a Trade?, Patterson (1966) describes four State agency rehabilitation positions and their related functions.

Positions	Functions
Counselor	Counseling, professional decision-making such as the final determination of eligibility and feasibility
Coordinator	Case management, coordination and integration or rehabilitation services
Technician	Specialized tasks such as psychological testing and/or job placement
Clerical	Clerical work, information gathering, etc.

Although Patterson was not concerned with training and career contingencies as such, he did point out that persons could become coordinators by the possession of the baccalaureate degree, in-service training and experience. From his report, it can be gleaned that he also assumed this kind of training would be adequate for technicians. Rehabilitation counselors were those individuals who graduated from master's degree programs in rehabilitation counseling. With respect to supporting staff, it may be facetiously said that Patterson views the counselor in some degree, as supporting the coordinator in their rehabilitation team relationship. He states,

> "Now I am suggesting that we need counselors and coordinators. This solution has several advantages. First, it would relieve the counselors of a considerable number of duties and responsibilities. Second, these duties and responsibilities are non-

> counseling in nature. The counselor thus would be free to become a counselor in fact as well as in name. He would be a specialist among other specialists on the rehabilitation team. True, he would be only one of the specialists whose services the coordinator would integrate in the rehabilitation process. But this is what the counselor must become if he is to be a professional counselor." (Patterson, 1966)

Although Patterson does not recognize the parity of these two positions (because of the nature of the training involved), he does indicate that counselors would not supervise coordinators and there would be mutual respect for the functions of each position.

Bregman (1966) has concluded that the rationale for using support personnel is that decision-making is essentially the function of the counselor while the specific technique involved in carrying out services is the function of the technician or specialist. He classifies support personnel accordingly:

I. First order support personnel-those individuals who have been trained in a specific skill, or who are to be employed in activities directly related to their background. The several levels of support personnel include:

   A. Technical school graduate to conduct skilled or semi-skilled training classes.
   B. Psychology majors to secure factual information from clients on the basis of a structured or semi-structured interview. Maintain liaison with other facilities. Administer and score psychological tests excluding projectives and individual intelligence tests.
   C. Sociology major with business experience to act as workshop supervisor.
   D. Foremen to be employed as workshop foremen.
   E. Employers who provide clients with the opportunity to achieve their rehabilitation goals.
   F. The hospital librarian who can collect and catalog occupational information.
   G. The statistics major who can maintain production records, gather follow-up data.

II. Second order personnel-those individuals without specific training in required activities but who with the combination of education and experience can be utilized in the support function. Such personnel would include:

   A. The retired business man who can solicit contracts or do job development.
   B. The high school graduate who can help clients practice those things they have learned about the use of public transportation.

C. The grade school graduate who can transport clients to the counselors office.

According to Bregman, the training of first order personnel would be concerned with understanding clients and agency operations. He stated that this training could be accomplished by a combination of in-service training and basic courses provided by junior colleges, technical schools, or universities. The training of second order personnel would be in the direction of specific job duties as they related to clients and the agency. Skills for personnel at this level could be developed through on-the-job training. In writing about specialists, Bregman makes the critical point that:

> "Opportunities for advancement must be available either within his own career line or, with appropriate education, to be able upon completion of his education, to move over to the counseling career line. In this respect, part-time education leading to a degree must be available through the university programs." (Bregman, 1966, page 4)

The Vocational Rehabilitation Administration (new Rehabilitation Services Administration) publication, Increasing the Supply of Qualified Rehabilitation Counseling Personnel in State Vocational Rehabilitation Agencies: Guidelines for Action (1966), describes career lines for rehabilitation counselors with varying levels of training. This report differentiates three levels of counseling positions. Individuals with a master's degree in rehabilitation counseling or related field would be eligible for the Level III position. Persons with one year's experience in the rehabilitation program would be appointed at Level II, while those with no experience in rehabilitation would be eligible for the Level I position. This scheme requires that individuals hired at Levels I and II possess at least a baccalaureate degree and assumes that they would eventually work toward and receive the master's degree in rehabilitation counseling. The report goes on to state:

> "The master's degree in rehabilitation counseling would remain the required level of training to function as a fully qualified counselor. All counselors would need to work toward this level of functioning. However, through the use of differential job definitions and the analysis of differential client needs, individuals not possessing this level of training could perform a valuable service to the agency while working toward their graduate degree. In-service training programs could, under these circumstances, be developed with more direction and specificity. A new staff member would not need to be exposed during his first week on the job to a training program which included the total array of services required by all clients." (1966, page 4).

Guidelines for Action, as other reports, assign the counseling function only to the "fully trained" counselor and other less professional activities to persons with less training. Training programs for rehabilitation counselor supporting staff are dependent upon the kinds of functions such personnel are expected to perform. In order to maintain support personnel, public and private rehabilitation agencies in the future will have to develop career lines for these workers. Although these positions may or may not be terminal, opportunities for promotion or advancement must be made available.

There may be a tendency on the part of some agencies to involve supporting staff in the counseling process. The confusion of supporting staff with counseling staff can, but should not occur. Legal, ethical, and professional considerations should inhibit any such tendency, but the manpower shortage may provide justification for some to use support personnel as counselors. Job analyses of the counseling process in rehabilitation should be undertaken in different agencies to determine appropriate counselor roles so that the tasks of supporting staff can be properly identified. Until this kind of research is undertaken, career lines for support personnel cannot be determined.

Expanded Utilization

The extension of rehabilitation services to the socially and culturally disadvantaged, resulting from the 1965 amendments to the Vocational Rehabilitation Act (and the recent creation of the Social and Rehabilitation Service) has caused a demand for support personnel indigenous to a variety of settings. Rehabilitation agencies are currently using aides in rural areas and the "ghetto" and aides familiar with particular disabilities (often former agency clients). As the personnel shortages in the field of rehabilitation counseling increase, it can reasonably be expected that the use of personnel in these areas will increase. In this context it is of value to consider for a moment one contract of the Association of Rehabilitation Centers (ARC) (1966, page 14,15) with the U. S. Department of Labor. ARC is responsible for the development of five demonstration projects in rehabilitation centers designed to serve selected samples of the "hard core unemployed". These centers are conducting case-finding, screening, evaluation, training and vocational placement for the following groups:

1. The severely disabled Negro and Mexican-American population in the Los Angeles area.
2. Long-term welfare recipients with a combination of educational, socio-cultural and sometimes physical deficits in Dallas.
3. The "unemployable" because of multiple social, physical and educational problems in Hawaii.
4. The "rural poor" in southern Indiana.
5. Culturally deprived individuals from the Mexican-American, Indian and Negro population in Arizona.

Since rehabilitation centers probably will continue to serve groups with such complex problems on a long term basis they will, of necessity, have to expand. This expansion should bring with it a proliferation of support personnel, including counselor aides, to help provide the numerous services required.

Relevant to the increasing utilization of supporting staff is Public Law 90-248, The Social Security Amendments of 1967 (1968). This law requires that State plans be amended, no later than July 1, 1969, to provide for the training and effective use of paid subprofessional staff with particular emphasis on the full-time or part-time employment of persons of low income, and in certain of the public assistance titles, or recipients of assistance, as community service aides, in the administration of the plan and for the use of non-paid or partially paid volunteers in the provision of services and in assisting any advisory committees established by the State agency. The use of volunteers as counseling aides, though not new, is almost an untapped resource.

Since the expanded use of indigenous counselor aides is a recent innovation made possible by a rediscovery of the community and its complexities, it is not difficult to anticipate problems in recruitment, selection, training, supervision, and proper utilization. Most of these topics have been covered in other sections of the report. However, in the future, it will be necessary for State rehabilitation agencies and rehabilitation centers and local universities and colleges to work more closely together in the creation of adequate training programs for these persons. In the development of these programs it will be well to remember that current counselor education and counseling techniques are designed for middle-class students and clients respectively. The training and supervision of aides to work with the socially and culturally disadvantaged assumes considerable knowledge of the aide and his subculture. Most rehabilitation counseling training programs today, academic or in-service, do not include within their curricula courses concerned with counseling the disadvantaged, the subculture of poverty, or "lower" class values. If, as it is often assumed, trained rehabilitation counselors will supervise indigenous aides, as well as those with a general case load, then it becomes imperative that the directors of rehabilitation counseling training include relevant course work and experiences in their programs. Otherwise, problems will develop which will make the entire supervisory experience a monumental waste of time.

On the other hand, public and private rehabilitation agencies in conjunction with university training programs can develop courses for support personnel which can considerably help them in their work with clients and communities. Especially devised short-term courses which relate to human behavior, community resources, and urban problems would seem to be most helpful. Also, local community and junior colleges can be utilized in the provision of appropriate training for rehabilitation aides. One danger in this approach which must be avoided is the possibility of attempting to fit the aide into an academic mold. Many may resist and even reject strictly academic training.

Although rehabilitation counselor aides are and will be increasingly used in differing work situations, one should always ask, "will they become a permanent part of the rehabilitation agency armamentarium?" Granted, this question is like putting the cart before the horse but the field of rehabilitation and rehabilitation counseling has grown rapidly in so many directions perhaps this has been necessary. This is an extremely complex question and cannot be answered without a knowledge of health trends, future demand for health services and health manpower needs, however, it is relevant to the expanded use of aides, their training and futures. In an attempt to answer this question, this statement of Wilbur J. Cohen, Secretary, Department of Health, Education, and Welfare seems germane:

> "The current estimate is that before the end of this decade, our Nation will be spending, instead of $40 billion, close to $50 billion in this (medical care) particular industry.... ...The important point I want to make here is that the increase in health manpower requirements is a corollary of the growth in the health industry. There are about 3 million people employed in the total health industry at the present time. Despite that large number there is also a tremendous shortage of skilled and subprofessional and allied health personnel. And if the demand continues to go up along the line I have tried to portray, there will continue to be great manpower shortages if we are going to implement what I think is now a fundamental belief of our entire Nation - namely, that health services ought to be available to everyone, regardless of race, creed, color, national origin, sex, or even income." (1966, page 6)

Impact Upon Quality and Quantity of Services

It will be some time before an accurate assessment can be made of the effects upon quality and quantity of rehabilitation services which have resulted from the use of counselor aides because of the recency of their employment. Although many publications discuss the probable impact upon clients and the counseling profession resulting from the use of aides, few are the consequent of systematic study. However, there is some research from which trends can be discerned.

One of the earliest demonstration projects to use counselor aides to relieve counselors of non-counseling tasks in an attempt to evaluate counselor effectiveness was carried out by the Arkansas Rehabilitation Service. This study compared two counselors whose methods of operation continued as it had prior to the project (control group) with two counselors who functioned as a part of a rehabilitation team which included a variety of specialists, including counselor aides (experimental group). The counselors in the latter group were relieved of all duties except counseling and case load management. The two groups were compared on the basis of a number of variables, e.g., total number of individuals served, number of severely disabled persons served, number of individuals trained in on-the-job training and numbers selectively placed directly in employment. The report concluded:

> "The collected data indicate that in the experimental method compared with the control method: (1) there is no advantage if only "Production" represented by total number of "rehabilitation" case closures is considered; (2) there is a distinct advantage in quantity and quality of results obtained with those persons who are classed as "severely" handicapped because of a "mental" disability; (3) there is a definite advantage to "severely" handicapped and "marginal" persons who are selectively placed in employment; (4) there is an advantage in finding on-the-job training opportunities and placing persons in those training facilities; (5) there are substantial advantages to the "rehabilitated" individuals in relation to wages, increases in wages, job retentions, and promotions." (1961, page 64).

Unfortunately, due to project design, there is no way to specifically evaluate the role of the aide in producing the advantages enumerated. However, there appears to be the tacit assumption that they were effective to some degree in producing the results obtained.

Truax (1967), working at the Arkansas Rehabilitation Research and Training Center, has conducted research pertaining to the efficacy of aides as supporting staff in rehabilitation counseling. The data he provides derives from the use of untrained personnel as aides who, in some respect, worked as rehabilitation counselors. This investigator compared the work of counselors and counselor aides under the following conditions, (a) counselors working alone in the "traditional" manner; (b) a counselor assisted by a counselor aide being utilized under maximal supervision; (c) a counselor aide who, under daily supervision, functioned in the complete role of counselor. Clients were randomly assigned to counselors and aides. The dimension of case load condition (high vs low) was added to minimize or equalize the effects of variation in disability and case load level.

The work of counselors and aides were analyzed with respect to such client variables as:

1. Client work production (quantity).
2. Client cooperativeness.
3. Client work attitude.
4. Quality of client work.

5. Client dependability.

6. Client ability to learn.

7. Client progress in course during last month.

8. Overall progress in course of training.

According to Truax:

> "Differential effects of utilizing counselors alone in the traditional fashion, utilizing counselors and aides on the same cases, and utilizing the aides alone under supervision on their own case loads occurred on the client's progress as measured by his work quantity or work production, his work attitude, and his dependability. In each case, the best results were obtained by the aides working alone under the daily supervision of professional counselors. The professional counselors working alone had the second best results, while the counselor plus the aide working with the same individual cases had the poorest effects on clients...." (1967, page 148).

On certain client variables, client overall progress, client ability to learn, etc., the professional counselor produced better results under the low case load condition while the aide did better with high case loads. This result was probably due, in part, to the experience of the professional counselor and the aide's high degree of motivation as a consequence of the experimental situation.

Although this experiment should be cross-validated in other work settings, the results do suggest that the aide, working under counselor supervision with his own case load, can have a significant effect upon the quantity and, to some extent, quality of services provided to rehabilitation clients. Truax indicates that his results are at variance with position(s) taken by professional organizations and others who maintain that rehabilitation counseling is strictly the function of the counselor. Additional systematic research will have to be undertaken to determine the jobs aides can best perform in various work settings and under what particular work conditions.

The survey of State divisions of vocational rehabilitation who currently are utilizing supporting staff reported in Chapter III provides some data concerning how these agencies view their impact upon services. In response to the question, "What types of benefits have accrued to your agency as a result of your program, that is quality and quantity of service, more clients served, etc.?", many agencies indicated that while more clients were being served in a better fashion, counselor effectiveness also increases. Although it appeared as if some of the respondents were not clear as to the definition of supporting staff (part of the definition was inadvertently omitted), some clues to the advantages in aide utilization were provided.

The ability of support personnel to do things that professionals do not do, such as, developing peer relationships, play a role in the client's life situation, etc., would naturally seem to have an effect on the profession of rehabilitation counseling and the role of the counselor. The demands required by the effective utilization of supporting staff may create a whole new series of counselor responsibilities, especially of a training and supervisory nature. The Wyoming aide project reported in Chapter II should provide some information relating to the supervision and training of aides working under rehabilitation counselors. Obviously, data of an empirical kind are needed before an accurate determination can be made of the impact aides have made and are making upon the rehabilitation field.

Research Needs

Since State rehabilitation agencies, rehabilitation centers, and other organizations are using counselor aides on a seemingly permanent basis, it behooves all concerned to make a concerted effort to intensify research to find out more about the counseling process and the functions of counselors and aides working in a variety of settings.

In the first place, studies should be conducted to determine the current supply and need for supporting staff in rehabilitation counseling. A few studies have been undertaken, but better data are needed. Since the demand for counselors varies with respect to time and place, it can be expected that the demand for aides would show a corresponding variation.

As previously indicated, the tasks of professional counselors should be appropriately analyzed so that the jobs of counselor aides can be identified. If this is possible, then research projects should be initiated to determine kinds of training programs most suitable for the different varieties of aides. In this manner, career lines can be developed with respect to experience and training which provide personnel with the motivation to increase their skills, responsibilities and financial security.

The replication of Truax' multi-dimensional study at the Arkansas Research and Training Center with clients in other rehabilitation settings would provide valuable information pertaining to the effectiveness of aides under varying work conditions.

Basic research involving study of the personal characteristics of high performance aides vs low performance aides would seem to make a significant contribution to the sharpening of recruitment and selection procedures. A few State rehabilitation agencies already have sufficient experience in the employment of aides which could make this kind of research a reality.

Also, some consideration should be given to the determination of the best methods and techniques of supervising aides. In some situations, counselor aides work in a quasi-autonomous fashion and, in others, they work very closely with counselors in a highly dependent relationship. Of course, much depends upon the agency and intra-agency relationships, but some information should be gathered regarding the characteristics of the supervisory relationships which are important to the growth and development of aides.

Finally, there is still much to be learned about the use of supporting staff in rehabilitation counseling. Their utilization in this field is so new that, perhaps, it is too early to develop the kinds of research mentioned, however, any new program should have, within its design, plans for its evaluation.

CHAPTER IX

BIBLIOGRAPHY

Introduction

The bibliographical data collected for this study is the result of a combined committee effort. Each committee member was given the assignment of collecting and submitting data pertaining to the utilization of support personnel. Of importance is that the assignment was not limited to the utilization of the aide in rehabilitation, but also included a sampling from varied fields and professions. In expanding the base from which to obtain information, there was a consensus among the committee members that many of the experiences gained by other fields in the use of support personnel are related to their use in the rehabilitation agency setting.

Further, the bibliography is divided into annotated and general sections. Again, there was a consensus among the group that a portion of the documentation collected is fundamental and particularly applicable to the rehabilitation agency in its study of support personnel utilization. It is this part of the bibliography that is noted in the annotated bibliography section.

Annotated Bibliography

Baney, Glen C., *Rehabilitation Aides Selection, Training, Function*. Eureka, California, Disaster Project Report.

The article focuses on the utilization of the aide in a rural rehabilitation setting. It describes the use of the aide in the intake function, supplies information on training techniques and, in addition, presents some of the problems encountered.

Bregman, Morton H., "The Utilization of Rehabilitation Counseling Support Personnel," *NRCA Professional Bulletin*, Volume VII, Number 6, December, 1966.

The author, in cooperation with the National Rehabilitation Counseling Association, presented this article as a statement of the Association in relation to use of support personnel. It suggests that the multi-disciplinary role in the rehabilitation process does not imply that any member of the team can perform adequately in roles for which he has neither the education nor the experience. In addition, a portion of the article concerns itself with the rationale for using the support person and some of the problems which may be encountered in the process. Lastly, it divides support personnel into two classifications. There are: (1) "first order" or those who possess specific skills and (2) "second order" or those who possess no specific training.

Galloway, J. R., and Kelso, Robert R., "Don't Handcuff the Aide." *Rehabilitation Record*, 1966 *7* (2), 1-3.

As there are a variety of roles within the counseling process, each demanding different things from the aide, no attempt should be made to define the aide role before there has been time to find out what that role should be. It is this approach that will enable aides to be used more effectively within the agency setting.

Gordon, Jesse E., "Project Cause, The Federal Anti-Poverty Program and Some Implications of Subprofessional Training." *American Psychologist*, pp. 334-343.

In emphasizing the problems of disadvantaged youth, the author presents some interesting facets which are important to anyone considering the use of the aide. He indicates that the professionals, i.e., psychologist, counselor, social workers, etc., are having difficulty in assisting this group because of their middle class values and training. If this

group is to be served effectively, he urges the professional to move in the direction of using support persons. Points up difficulties in the training and supervision of support people.

Hansen, D. A., "Functions and Effects of 'Subprofessional' Personnel in Counseling," McGowan, J. R. (Ed.) *Counselor Development in American Society*, Columbia, Missouri, University of Missouri, 1965.

This is an examination of the role of the counselor as a professional. The author expresses concern that the movement of the subprofessional into the counseling realm without delineation of role may have a negative effect on the counseling field. The opinion is expressed that large scale employment of counselors at subprofessional level may affect negatively not only the autonomy of the professionally qualified counselors, but eventually the quality of the total service provided to the client.

______________. *Increasing the Supply of Qualified Rehabilitation Counseling Personnel in State Vocational Rehabilitation Agencies*, Guideline for Action, Department of Health, Education, and Welfare, Vocational Rehabilitation Administration, Washington, D. C. 1966.

This is an assessment of the manpower shortage in State vocational rehabilitation agencies. It outlines both the immediate and long range steps which can be taken to alleviate this condition.

Leslie, G. Robert, Editor, *Supportive Personnel in Rehabilitation Centers: Current Practices and Future Needs*, Association of Rehabilitation Centers, Inc. In cooperation with Arkansas Rehabilitation Research and Training Center and Pennsylvania Research and Training Center in Vocational Rehabilitation, August 1967.

This publication contains position papers on the use of support personnel in rehabilitation facilities from the American Nurses Association, American Physical Therapy Association, American Psychological Association, American Speech and Hearing Association, National Association of Social Workers and National Rehabilitation Counseling Association. In addition there is a wide selection of bibliographical data.

Patterson, C. H., "The Rehabilitation Counselor: A Projection." *Journal of Rehabilitation*, 1966, 32 (1), 31, 49.

The author discusses the dilemma of the rehabilitation counselor who is not only asked to perform counseling, but many other tasks besides. The solution is to define the duties within the rehabilitation process by function and assign them to staff who are especially trained to perform these functions. This would demand the development of new positions within the rehabilitation setting, in addition to that of counseling.

______________. "Rehabilitation Counselor-Aide Functions and Relationships." A Report of Proceedings and Recommendations, VRA Training Conference, University of Maryland, Center of Adult Education, College Park, Maryland, October 1966.

This report is a result of a meeting between representatives of the ARCA and NRCA. Their purpose in meeting was to discuss the utilization of the aide in rehabilitation. As the result of their deliberations, they determined that there is a need for support personnel and included a delineation of those duties which can be assigned to the support person.

Ridenour, Lenore, Observations in the Use of Rehabilitation Aides in the Division of Vocational Rehabilitation, California Department of Rehabilitation, March, 1967.

This article contains basic information regarding the utilization of the rehabilitation aide in an agency setting. It describes the selection, utilization, strengths and weaknesses. Particularly noteworthy is the counselor-aide relationship in the critical issues which appear as the result of aide utilization. It is one of the most lucid documents pertaining to the aide in the general rehabilitation agency setting.

Riessman, Frank, Issues in Training the New Nonprofessional. Prepared for: Subcommittee on Training, the National Manpower Advisement Committee New York University, March 1967.

This writing briefly describes the areas where nonprofessionals are being utilized, mostly as the result of anti-poverty legislation. The author views three variables as important. They are: (1) ratio of professionals to nonprofessionals, (2) community or agency, and (3) ideology or lack of it connected to utilizing this type of personnel. It is a revealing description of what the trainer must know about the nonprofessional.

Staub, George E., and Petree, Cloyce L., Utilization of Rehabilitation Aides in an Outpatient Clinic, State of California, Department of Rehabilitation.

The initiation and evolution of the aide in an alcohol treatment center is noted in this writing. It explains the

techniques used for selecting the aide, work assignments and the changes in these assignments as the aide gained in experience. Although an attempt was made to employ the non-alcoholic aide, this was rejected in favor of the aide who is a rehabilitated alcoholic.

______________. "Support Personnel for the Counselor: Their Technical and Non-Technical Roles and Preparation," A Statement of Policy Adopted by the American Personnel and Guidance Association, Personnel and Guidance Journal, April 1967, pp. 858-861.

The policy statement presents a rationale for support personnel and delineates activities which a support person can perform. These activities are divided into two groups, (1) direct person-to-person helping relationship and (2) those activities where help would be provided on an indirect basis, e.g., contact various sources for needed records, administer, score, and profile routine standardized tests, obtain and maintain routine information, etc.

______________. Support Personnel for the Rehabilitation Counselor: Their Role, Function and Preparation, A Statement of Policy, American Rehabilitation Counseling Association, March, 1967.

This policy statement was issued as a supplement to the one issued by APGA. Included is a rationale for using support personnel, their preparation and a list of activities which can be assigned to them.

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CHAPTER X

APPENDICES

APPENDIX I

INSTITUTE ON REHABILITATION SERVICES
STUDY GROUP III

Rehabilitation Counselor Training Program
Colorado State College
Greeley, Colorado 80631

December 1967

SUBJECT: Questionnaire Regarding Use of Support Personnel

TO: Each State Director
Vocational Rehabilitation and/or Services for the Blind

Study Group III of the Institute on Rehabilitation Services has been assigned the task of studying "Effective Utilization of Support Personnel" in the Rehabilitation Process. As you know, the Institute on Rehabilitation Services is an arm of the "Council of States' Administrators". It is the stated purpose of the Institute on Rehabilitation Services to study those areas of concern assigned to it by representatives of the State administrators.

In view of the charge given this Study Group, it is respectfully requested that the enclosed questionnaire be given immediate attention by either yourself or the person in your agency to whom you have assigned this program. It is further requested that the questionnaire be completed and returned to the undersigned by December 10, 1967, in order that the returns can be reviewed and responses categorized before the next Study Group meeting, scheduled early in January, 1968. Your attention to this matter will be most sincerely appreciated.

Yours truly,

Richard R. Wolfe, Ph. D.
University Staff Member
Study Group III

INSTITUTE ON REHABILITATION SERVICES
Rehabilitation Counselor Training Program
Colorado State College
Greeley, Colorado 80631

Date____________________

Type Agency: General______
Blind ______

STUDY ON SUPPORT PERSONNEL

Please use this following definition as your frame of reference in replying to the following questions regarding support personnel.

> "Supporting Staff is that staff under the direct supervision of the Rehabilitation Counselor, and whose relationship to the client is a continuing one involving the provision of rehabilitation services which are essential to the vocational rehabilitation process."

PART I

GENERAL INFORMATION

1. Do you feel the above definition on support personnel is adequate? Yes____; No____. If NO, please indicate how you would modify this definition.

2. List all job titles in your agency you would include under the definition. Please attach job description for each title listed.

Job Title	Number Employed in this Category	Civil Service or other

3. Please submit copies of written material, such as proposals, progress reports, speeches, staffing patterns, salary schedules, or other information, on the use of support personnel involving your agency or related to your agency work.

4. Do you presently have a formal program for use of support personnel? Yes___; No___. If YES, complete Part II; if NO, complete Part III.

5. Comments:

INSTITUTE ON REHABILITATION SERVICES

PART II

ESTABLISHED-ONGOING SUPPORT PERSONNEL PROGRAM

1. Date your agency formally initiated program for use of support personnel:

____
Month   Year

2. Title(s) of person responsible for direct supervision of support personnel:

Title(s)	% of time devoted to This Supervision
____________________	____________
____________________	____________
____________________	____________
____________________	____________

3. Check types of acticities engaged in by support personnel:

_____Casefinding
_____Plan Development
_____Program Interpretation
_____Client advocate with other agencies
_____Personal hygiene training
_____Other (Please list) ____________________ ____________________
____________________ ____________________ ____________________

____Intake Interviewing
____Placement
____Agency Contacts
____Home visits
____Determination of Eligibility

____Authorization of Services
____Follow-up
____Case conferences
____Transportation assistance
____"Handholding"

4. List job titles and related information of support personnel participating in formal programs.

Job Title	Number Employed Full Time	Number Employed Part Time	Educational Range	Age Range	Type of setting in which employed	Number of M	Number of F
________	____	____	________	_____	______________	___	___
________	____	____	________	_____	______________	___	___
________	____	____	________	_____	______________	___	___
________	____	____	________	_____	______________	___	___
________	____	____	________	_____	______________	___	___
________	____	____	________	_____	______________	___	___
________	____	____	________	_____	______________	___	___

INSTITUTE ON REHABILITATION SERVICES PART II, Established-Ongoing Support Personnel Program Information, continued.

5. In recruiting, how much consideration do you give to:

	NONE	MODERATE	MUCH
a. Age			
b. Educational Level			
c. Ethnic background			
d. Community Service			
e. Previous work history			
f. Vocational skills			
g. Salary expectation			
h. Ex-client			
i. Other (Specify) ____			

6. Do you have an orientation and/or in-service training program? Yes___; No___. If YES, briefly describe.

7. What factors entered into your decision to develop a program for utilization of support personnel?

8. What types of benefits have accrued to your agency as a result of your program, that is, quality and quantity of services, more clients served, etc.

9. What difficulties, if any, did you encounter in implementing and continuing to use support personnel?

10. What modifications, if any, would you make to change or improve your program?

11. Comments (Please continue on reverse side)

INSTITUTE ON REHABILITATION SERVICES

PART III

"NO SUPPORT PERSONNEL PROGRAM" INFORMATION

1. Have you ever considered using support personnel: Yes____; No____.
2. If YES, and your decision was NOT to use support personnel, please identify what factors influenced your decision.

3a. If your answer to question number 1 was YES, but you are still planning or have not implemented your program, what factors influenced your decision to use support personnel? Briefly describe your pending plans.

3b. What, if any, problems are you encountering, or anticipating?

4. If your answer to question number 1 above was NO, what kind of information would you want if you should decide to use support personnel?

5. Comments: (Please use reverse side if more space is necessary)

APPENDIX II

Sample Job Description
Vocational Rehabilitation Aide

A. DEFINITION

Under the supervision of the District Vocational Rehabilitation Counselor, the aide performs technician duties of the vocational rehabilitation process. The major work is that of gathering information needed by the Vocational Rehabilitation Counselor to determine an applicant's eligibility and to arrive at a vocational diagnosis. The Aide position requires no major decision making responsibility, nor does the Aide offer counseling or guidance to clients.

In all duties, the Vocational Rehabilitation Aide is supervised by the District Vocational Rehabilitation Counselor. The Aide assists the District Vocational Rehabilitation Counselor in such duties as he may request; the Aide does not perform any task not assigned or approved by the District Vocational Rehabilitation Counselor.

B. EXAMPLES OF WORK PERFORMED

1. The Aide contacts community agencies, public and private, for the names of possible vocational rehabilitation clients. She explains the services of vocational rehabilitation to these agencies.

2. The Aide interviews persons referred, explains the services of the agency, completes a survey interview, and writes a case contact report on each interview. All this information is forwarded to the District Counselor.

3. The Aide gathers additional information regarding applicants and clients, as requested by the District Counselor.

4. When eligibility or ineligibility has been determined by the District Counselor, the Aide notifies the applicant and the referral source of the determination.

5. The Aide maintains contact with referrals and clients and notifies the District Counselor of events, which will help develop a more significant understanding of the referral or client.

6. The Aide keeps applicants and clients abreast of their status with the agency.

7. The Aide keeps referral sources informed of vocational rehabilitation plans for those individuals whom they have referred.

Job Description (Con'd)

8. The Aide conveys to the District Counselor questions which referrals, clients, communities, agencies and individuals ask regarding vocational rehabilitation policy.
9. The Aide locates possible placement and on-the-job training situations, as requested by the District Counselor.
10. The Aide interviews employed clients and their employers to determine job satisfaction and to identify problem areas.
11. The Aide speaks to community groups regarding the services of the agency.
12. The Aide attends the Aide In-Service Training Program.

C. ADDITIONAL DUTIES

1. The Aide may perform other services of the agency delegated to her by the District Vocational Rehabilitation Counselor, as the Aide demonstrates the necessary knowledge, ability and skill.

D. MINIMUM QUALIFICATIONS

1. The applicant must have a demonstrated ability in inter-personal relationships;
2. The applicant must be acceptable to her community;
3. The applicant must have a relatively good knowledge of her community;
4. The applicant must have sufficient formal training to have demonstrated a good ability to learn;
5. The applicant must have an adequate amount of time free from other responsibilities;
6. The applicant must have an automobile available to her.

APPENDIX III

OBJECTIVES OF THE TRAINING PROGRAM FOR VOCATIONAL REHABILITATION AIDS

1. To provide training and work experience under selected conditions.
2. To develop desirable attitudes toward work.
3. To increase trainees' understanding of human relations and to increase their ability to work with people, with sensitivity and social skill.
4. To help trainees gain knowledge required for functioning successfully as vocational rehabilitation aides (typical duties, basic laws and procedures regarding rehabilitation work, sociological understanding of poverty, etc.)
5. To help trainees gain a sense of confidence in their own ability to work successfully, and to promote an interest in further advancement educationally and vocationally.
6. To provide opportunities for trainees to learn how to fill in required forms, keep records, make appointments, and other skills related to assisting Vocational Rehabilitation Counselors.
7. To develop understanding and desirable attitudes concerning professional ethics.
8. To help trainees develop understanding and desirable attitudes towards kinds of "clients" they may have (alcoholics, narcotic addicts, physically disabled, patients from mental hospitals, culturally handicapped, etc.).

APPENDIX IV

REHABILITATION AIDE TRAINING PROGRAM

CONTENT	ACTIVITIES AND MATERIALS
1. (Over-all Objective)	
2. Attitudes toward work. Awareness of and knowledge of negative techniques such as one-upsmanship, gamesmanship, etc. Competition - Cooperation Task orientation Frustration tolerance Over-identification	Films Role-playing (with a counselor) Analysis of stories Exerpts from Games People Play book by Eric Berne
3. Social skills Sensitivity to others Perception semantics and communication problems	Films, (e.g., Eye of the Beholder) Create own story - situations or skits
4. Typical duties Basic laws and procedure regarding rehabilitation work Sociological understanding of poverty	Mimeographed materials Condensed procedural manual Analysis of case studies Mock interviews Lectures and discussion Field interviews of disabled and nondisabled persons Observing counselors at work

5. Communication skills	Diagnostic tests Written and oral reports of field trips Work in reading, writing and speech Use of Fernald techniques in teaching adults reading and writing
6. Personal grooming Health Basic nutrition and its relationship to success in work Work habits	Lecture and discussion Mock interviews Mimeographed material (e.g., stick-figure illustrations on grooming, nutritional guidelines, etc.) Role-playing
7. Self concept Acceptance of fact that everyone has strengths and weaknesses How to observe and learning what is appropriate to feed back to people Knowledge of role of the Rehabilitation Aides in the community (identification)	Evaluation session of group successes, individually and with leader (end of every week) Individual counseling (at later time) Lecture and discussion
8. Filling-in forms Making appointments Keeping records Preparing for civil service application and examination	Experience in filling-in forms and application Lecture and discussion Role-playing Experience in taking tests under actual test conditions

9. Awareness and knowledge of professional ethics (including confidentiality)	Creating story situations Role-playing Lecture and discussion on codes of ethics Developing of own code of ethics for Rehabilitation Aides
10. Knowledge of "clients" and some of the problems they have	Lecture and discussion Reporting by counselors on illustrative cases of clients Films Statistical summaries on types of clients and rehabilitation by DVR

APPENDIX V

PLANNING COMMITTEE CHARGES TO STUDY GROUP

PURPOSE

The purpose of this Study Group is to develop guidelines that will assist State agencies devise more effective utilization of the manpower available to them.

DEFINITION

Supporting staff is defined, for purposes of this study, as all State agency persons associated with the counselor in the provision of direct services to clients, e.g. counselor aids, placement specialists, interviewers, social workers, psychologists, instructors, evaluators, coordinators, clerical workers, etc.

CHARGES

1. Identify and describe briefly present patterns of utilization of supporting staff.

2. Determine what innovations have improved the effectiveness of counselors and supporting staff, e.g., new categories of personnel, new types of assignments, specialization, work simplification, and job specialization in terms of function.

3. Secure the opinion of State agencies concerning what might be done or what is being planned to improve counselor and supporting staff effectiveness.

4. Survey the available literature that is applicable.

5. Analyze and evaluate the information secured as a basis for making recommendations as to effective patterns of utilization of counselors and supporting staff.

SUGGESTIONS

1. Tabulate and summarize the data gathered from State agencies for inclusion in the final report.

2. Include a bibliography of source material.

APPENDIX VI

IRS STUDY COMMITTEE
on
Effective Utilization of the Rehabilitation Counselor and Supporting Staff

Colorado State College - Sponsor

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